DELAWARE FORM 200-01-X

2018

RESIDENT AMENDED PERSONAL INCOME TAX RETURN

ATTACH LABEL	r Fiscal year beginning Your Social Security No. Your Last Name BIDEN JR. Spouse's Last Name BIDEN Present Home Address (Num	JOSEPH R. Spouse's First N JILL	idle initial, Jr., Sr., III., etc.		Single, Divorced Widow(er) Joint ou were a part-ylaware. From	^{1,} 3. 4. X	ATUS (MUST CHECK ON Married & Filing Separat Forms Married & Filing Combin on this Form ent in 2018, give the da 2018 To Mont	e 5. Head of Household ed Separate
				Forn	n DE2210 Attach	icu		All other filing statuses
V	City VILMINGTON	State DE	ZIP Code			;	Spouse Information COLUMN A	You OR You plus Spouse COLUMN B
		OF THIS RETURN. NAMES AND					CORRECTED	
	DELAWARE ADJUSTED G					1	844337	3602718
	Filing Statuses 1, 3 & 5 Enter \$ Filing Status 2 Enter \$6500 in 0 Filing Status 4 Enter \$3250 in 0	olumn B					DF2111801	11
3.	Filing Status 4 enter itemiz	5, enter Itemized Deductions fro ed deductions from page 2, Line				2	157175	157176
3. 4.	CHECK BOX(ES) (Not at	lowed with Itemized Deductor and/or Blind If Y	ions - See Instructions YOU were 65 or over	and	d/or Blind	3	157175	157176
4. 5.		ract Line 4 from Line 1, and Cor					687162	3445542
6.	Tax Liability from Tax Rat	,	44336		226389	6		
7.	•		11330			7		
8.		and 7 and enter here				•	44336	226389
98		ons claimed on Federal return	2 X\$11	0		9a	110	110
91	On Line 9a, enter the nun			Column	в 1			
ш	Enter number of boxes c		2 X \$110			9b	110	110
PLE W-2 FORMS HERE). Tax imposed by State of	•	of other state return)			10	4173	28217
S 1	• '		•		redit amount			
동 12	2. Other Non-Refundable Cr	edits (See Instructions)				12		
7 1	B. Child Care Credit. (Must	attach Form 2441.) (Enter 50%	of Federal Credit.)			13		
≥ 14 Ш							4000	00405
	. Total Non-Refundable Cr	edits. Add Lines 9a, 9b, 10, 11,	12, 13 & 14 and enter he	re		15	4393	28437 197952
S "		15 from Line 8. If Line 15 is gre		(Zero)			39943	19/954
	'. Delaware Tax Withheld (a	· ·	635		44682 291269	17		
	B. Estimated Tax Paid & Pa				Z91Z09	18		
). S Corp Payments & Refu					19		
20		•	40006			20		
	L. Amount paid (If any, see		40806		_	21	41441	335951
2		s. Add Lines 17, 18, 19, 20, and					41441	
2: 2:		see instructions)nd/or Special Funds contribution						140929
_		from Line 22					41441	195022
岩 20 岩 20	BALANCE DIE Ift ing 14	is greater than Line 25, subtrac						2930
王 2	OVERPAYMENT If I inc	25 is greater than Line 16, subtr					1498	
出 2	AMOUNT OF LINE 27 TO	BE APPLIED TO YOUR ESTIMAT						
O 2). PENALTIES AND INTERE	ST DUE						
A 30). NET BALANCE DUE (Line	26 plus Lines 28 and 29)						1432
STAPLE CHECK H	REMIT FORM TO:	nes 28 and 29 from Line 27) NET BALANCE DUE (LINE 30): F	P.O. BOX 508, WILMING	TON, DE	ZERO DUE 19899-0508	/TO BE F	REFUNDED > 31	
	1010	NET REFUND (LINE 31); P.O. BO Zero due (Line 31); P.O. BOX	OX 8765, WILMINGTON,	DE 1989	99-8765		842131 01-09-1	9

FORM 200-01-X

2018

DF2118021019

Page 2

RESIDENT AMENDED
PERSONAL INCOME TAX RETURN

NOTE; IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUS	T FILE T	WO SEPARATE AMENDE) FORMS	
IS AN AMENDED FEDERAL RETURN BEING FILED?			X YES	NO
IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS BI :	EING AM	ENDED.	·	
HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?) k 40 21900#\$\$	••••	YES	X NO
IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?		****************	YES	X NO
A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCH	EDULES	And/or documentatio	N MUST BE AT	TACHEÓ
COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your F appropriate individual.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B on		tals to the		
MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME		Filing Status 4 ONLY Spouse Information COLUMN A	All other fills You or You p COLU	ig statuses ikus Spouse MN B
SECTION A - ADDITIONS (+) 32. Enter Federal AGI amount. See lastructions	32	870202	37102	35
33. Interest on State & Local obligations other than Delaware	33			
34. Flduciary adjustment, på depietion	34	·		
35. TOTAL - Add Lines 33 and 34	35			
36. Subtotal. Add Lines 32 and 35 870202 3710235	36			
Bection B - Bubtractions (-)				
37. Interest received on U.S. Obligations	37			
38. Pension/Relirement Exclusions (See Instructions.)	38	12500	125	00
39. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit,				
Delaware NOL Carry forward	39	4006	662	
40. Taxable Soc Sec/RR Flettrement Benefits/Higher Educ. Excl/Certain Lump Sum Dist.		13365	287	
41. SUBTOTAL Add Lines 37, 38, 39 and 40 and enter here		25865	1075	17
42. Subtotal. Subtract Line 41 from Line 36 844337 3602718	42	•		•
43. Exclusion for certain persons 60 and over or disabled	43			
44. TOTAL - Add Lines 41 and 43		25865	1075	
45. DELAWARE ADJUSTED GROSS INCOME. Subtract line 44 from Line 36. Enter here and on Page 1, Line 1	45	844337	36027	18
SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used allocate deductions between spouses, you must prorate in accordance with income.		are unable to specificall	,	
46. Enter total Itemized Deductions. (See Instructions)	46	157175	1571	76
47. Enter Foreign Taxes Paid (See Instructions)	47	*		
48. Enter Charitable Mileage Deduction (See Instructions)	48			
49. SUBTOTAL - Add Lines 46, 47, and 48 and enter here	49	157175	1571	76
50a. Enter State Income Tax included in Line 46 above (See Instructions)	50a			
50b. Enterform 700 Tax Cledit Adjustment (See Instructions)	50b	157175	1571	76
51. TOTAL Subtract Line \$0a and 50b from Line 49, Enter here and on Page 1, Line 2 (See Inst.)	51			-
Under penaltian of periody of sectors than have examined this return, including accompanying scredules and sectors are sectors sectors are sectors are sectors and sectors are sectors are sectors are sectors are sectors are sectors and sectors are sectors are sectors are sectors and sectors are sectors and sectors are sectors	. /	vee	priect and comp	olete.
1 Walte Wille 49 7/2/15	EPARER'		7.7.	19
E to the Cartes of the control of the cartes		MD	208142	93
STREET ADDRESS OF PREPARER CIT	Y	STATE	ZF	

2018 R

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN **FORM 200-01**

DO NOT WRITE OR STAPLE IN THIS AREA

4393

39943

635

39308

28437

197952

335951

137999

ATTACH LABEL

and ending For Fiscal year beginning Your Social Security No. Spouse's Social Security No. Your Last Name First Name and Middle Initial Jr., Sr., III., etc. BIDEN JR. JOSEPH R. Spouse's First Name Spouse's Last Name Jr., Sr., III., etc. BIDEN JILL T. Present Home Address (Number Apt. # and Street FILING STATUS (MUST CHECK ONE) State ZIP Code Married & Filing Separate Forms Head of Household WILMINGTON DE Form DE2210 If you were a part-year resident in 2018, give the dates you resided in Dela Married & Filing Combined Separate on this form 4. X Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B. Column A Column B 1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here > 1 844337 3602718 2a. If you elect the DELAWARE STANDARD DEDUCTION check here Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$ in Column B; Filing Status 4 enter \$3250 in Column A and in Column B DF20118011019 If you elect the DELAWARE ITEMIZED DEDUCTIONS check here X b. Filing Statuses 1, 2, 3 and 5, enter itemized deductions from Page 2, Line 48 in Column B 2 157175 157176 3 Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over TOTAL DEDUCTIONS- Add line 2 & 3 and enter here 157175 157176 TAXABLE INCOME- Subtract Line 4 from Line 1, and Compute Tax on this amount 687162 3445542 STAPLE W2 FORMS HERE Column A Column B Tax Liability from Tax Rate Table/Schedule 44336 226389 6 See Instructions Tax on Lump Sum Distribution (Form 329) TOTAL TAX - Add Lines 6 and 7 and enter here 44336 226389 9a. PERSONAL CREDITS See instructions on Page 6. Enter the number of exemptions x \$110 9a 110 110 On Line 9a, enter the number of exemptions for: Column A 1 Column B 1 9b. CHECK BOX(ES) Spouse 60 or over (Column A) X Self 60 or over (Column B) X cked on Line 9b Enter number of boxes of 2 x\$110 _____9b 110 110 . (Must attach copy of DE Schedule I and other state return.) 10 10 Tax imposed by State of 4173 28217 11. Vol. Firefighter Co. # - Spouse (column A) Self (Column B) . Enter credit amount ___ 11

	13. Total Northelunua	Die Ciedius. Add Lilies 9a, 90, 10,	11, 12, 13 d. 14 and	entret nere """	15
	16. BALANCE. Subtra	ct Line 15 from Line 8. If Line 15 is	greater than Line 8	, enter "0" (Zero)	16
	17. Delaware Tax With	held (Attach W2s/1099s)	635	44682	17
	18. 2018 Estimated Tax	Paid & Payments with Extensions		291269	18
	19. S Corp Payments an	Refundable Business Credits			19
	20, 2018 Capital Gains T	ex Payments (Att. Form 5403)			20
ב ב	21. TOTAL Refundable	Credits. Add Lines 17, 18, 19, an	d 20 and enter here		▶ 21
Ë	22. BALANCE DUE, I	Line 16 is greater than Line 21, subtra	ct 21 from 16 and ente	r here	22
5	23. OVERPAYMENT.	f Line 21 is greater than Line 16, subtr	act 16 from 21 and ent	er here	23

24. CONTRIBUTIONS TO SPECIAL FUNDS if electing a contribution, complete and attach DE Schedule III.... 25. AMOUNT OF LINE 23 TO BE APPLIED TO 2019 ESTIMATED TAX ACCOUNT _____ ENTER ▶ 25 26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$800, see estimated tax instructions. ENTER > 26

12. Other Non-Refundable Credits (see instructions) 13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) 13 14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14 15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here ______ 15

26. PENALTIES AND INTEREST DUE. IT LINE 22 is greater than 1906, 927. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)
For all other filing statuses, enter Line 22 plus Lines 24 and 26

28. NET REFI IND (For Filing Status 4, see instructions, page 9)

ZERO DUE/TO BE REFUNDED ▶ 28 98691 For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

Page 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. [Reconcile your Federal totals to the appropriate individual. See worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

моі	DIFICATIONS TO F	EDERAL ADJUSTED GROSS INCOME	ſ	Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
SEC	TION A - ADDITIO	NS (+)	L	•	
29.	Enter Federal AGI	amount from Federal 1040	29	870202	3710235
30.	Interest on State &	Local obligations other than Delaware	30		
31.		ent, oil depletion		•	
32.	TOTAL - Add Lines	30 and 31	32		•
33.	Subtotal Add Line	es 29 and 32	33		
SEC	TION B - SUBTRA				
34.	Interest received of	on U.S. Obligations	34		
35.		nt Exclusions (For a definition of eligible Income, see Instructions)		12500	12500
36.		refund, fiduciary adjustment, work opportunity tax credit,			44000
		ry forward - please see instructions	36		66269
37:		RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr.)		13365	28748
38.		Ines 34, 35, 36 and 37, and enter here		25865	107517
39.		Line 38 from Line 33 844337 3602718	39	23003	10/21/
40.		in persons 60 and over or disabled (See Instructions)			
	TOTAL : Add I man	s 38 and 40	44	25865	107517
42.	DEL AWADE AD ILL	STED GROSS INCOME. Subtract Line 41 from Line 33. Enter here and on Page 7. Line 1	40	844337	3602718
		D DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If columns A s			~~~~~
unai	ble to specifically	illocate deductions between spouses, you must prorate in accordance w	ith inc	e ome. Se usea una you a	•
43.		d Deduction from Schedule A		157175	157176
44.	Enter Foreign Taxe	s Paid (See instructions)	44		
45.	Enter Charitable M	ileage Deduction (See instructions)	45		
46.	SUBTOTAL - Add	Lines 43, 44, and 45 and enter here	46	157175	157176
47a.		9 Tax included in Line 43 above (See instructions)			
47b.	Enter Form 700 Ta	x Credit Adjustment (See instructions)	47b	•	
48	TOTAL - Subtract	Line 47s and 47b from Line 46. Enter here and on Page 1, Line 2 (See instr.)	48	157175	157176
SEC your	TION D - DIRECT C	DEPOSIT INFORMATION if you would like your refund deposited directly to account, complete boxes a, b, c and d below. See instructions for details.			
a. I	Routing Number		ь. Тур	e: Checking	Savings
0. /	Account Number			nis refund going to or the cated outside of the Ca	
				Yee	No
NOT	E: If your refund is	adjusted by \$100.00 or more, a paper check will be issued and mailed to	the ad	,	
	. //	BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR			
Under ;	penalties of perjury.	ectare that I have examined this rotum, including accompanying schedules and stateme			ect and complete.
	Signature	Oate Signature of Paid Proposer //	111	De	
	141	WALC 9.9.6 11. 1/11/11		100	statie ·
Spot	isers Stoneture til tiling	(Sint of committee of Date Address Man Address		<i>CP1</i> 4	icitis
<i>p.</i>	611	(halo 1.7.19			
Harlin	SMAL (-)	Husiness Phone City		State	ZIP
	/	BETHESDA		MD	20814293
E-Ma	fil Address	EIN, SSN or PTIN Business	Phone	E-Ma	Il Address

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27):
DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

842011 04-02-19

REFUND (LINE 28): DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711 **WILMINGTON, DE 19899-8711**

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

1019 (Rev 03/2019)



2018 R

AS AMENDED 2018 DELAWARE RESIDENT SCHEDULES

Schedule

Names:

Social Security Number:

JOSEPH R. BIDEN JR. & JILL T. BIDEN

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

												ng Status 4 ONLY souse Information	You or Y	filing statuses ou plus Spouse
		EDULE I - CREDIT									L	COLUMN A	CC	OLUMN B
		Instructions and c					age 7 pi	rior to com	pleting DE Sch	edule I.				
		credit in HIGHES								1				25890
		mposed by State of	1	_	•			tate name)				4173		23030
		mposed by State of mposed by State of	i	_	•			itate name) itate name)				4T12		2327
		mposed by State o			•			tate name)						2321
		mposed by State o						tate name)		_				
		r the total here and		nt Reti	•									
		r state return(s) w								6		4173		28217
		EDULE II - EARNE												
								LAIMED th	e Earned Incon	ne Credit	t for o	n your federal retu	m.	
		ng Child Informati										•		
	-	d's First Name	ŀ	7b. (Child's La	st N	lame		8. Child's	SSN		9. Child	d's Date o	of Birth
			1											
								CHILE) 1		CHILE	2	CHIL	.D 3
10.	Wa	s the child under a	ge 24 at th	e end	of 2018,									
	Spe	tudent, and young ouse, if filing jointly	1?you	tor yo	·······	10		YES	NO	YE	ES	NO	YES	NO
	·													
11.		as the child permar	1 -	-										
	du	ring any part of 20	187			11		YES	NO	YI	ES	NO	YES	NO
	-					·			O-1: 1 D)		40			
12.	De	laware State Incon	ne lax from	Line 8	s (enter n	igne	er tax am	nount from	Column A or B)		12			
13.	Fo	deral earned incom	a cradit fro	m Fed	eral Form	10	40 Form	n 1040A o	Form 1040F7		13			
14.		laware EITC Perce												.20
15.		ultiply Line 13 by Li												
10.	IVIC	ларіу шле то ву ш	14		• • • • • • • • • • • • • • • • • • • •									
16.	En	ter the smaller of L	ne 12 or Li	ne 15	above. Ei	nter	here an	d on Resid	ent Return. Line	14	16			
		instructions on Pa								*******	••			
		EDULE III - CONT												
		e 13 for a descrip						elow.						
17.	A.	Non-Game Wildlife				H.	DE Nation	nal Guard			O.	Senior Trust Fund		
	B.	Beau Biden Fund				1.	Juvenile (Diabetes Fund			P.	Veterans Trust Fund		
	C.	Emergency Housing				J.	Multiple 8	Scierosis Soc.			Q.	Protect DE's Child Fnd		
	D.	Breast Cancer Edu.				K.	Ovarian C	Cancer Fnd			_	Food Bank of DE		
	E.	Organ Donations				L.		d for Children			S.			
	F.	Diabetes Education				М.	White Cla				Т.			
	G.	Veterans Home				N.	Home of	the Brave			U.	NCC Hab for Humanity		
E-4-		tatal Cantain di	amai int b -	ro c=-	l on Dasi	4	Dot	Line 04				47		
cnie		e total Contribution												
		This nage MI	RT he se	nt in	with v	OH	r Delay	ware ret	urn if any of	the scl	redu	les (above) are	compl	eted.

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01-X STATEMENT 1

DURING 2018, THE TAXPAYER MADE A \$25,000 CONTRIBUTION TO WALKING WITH THE WOUNDED, WHICH IS A CHARITABLE ENTITY ORGANIZED IN THE UNITED KINGDOM. PREPARING THE RETURN, THIS CONTRIBUTION WAS MISTAKENLY IDENTIFIED AS HAVING BEEN MADE TO A SECTION 501(C)(3) ORGANIZATION. A REVIEW OF THE UNDERLYING PAPERWORK IDENTIFIED THIS ERROR AFTER THE RETURN WAS FILED. CONSEQUENTLY, THE RETURN IS BEING AMENDED TO REMOVE THE DEDUCTION.

DE 200-01	CREDIT FOR TAX IMPOSED BY OTHER STATE	STATEMENT 2
STATE OF CALIFORNIA	A, TAXPAYER	
CALIFORNIA ADJUSTED DELAWARE TAX (FORM TAX IMPOSED BY STATE	200-01 OR 200-02, PAGE 1)	3,602,718. 412,008. 226,389. 47,122. .114360 25,890.
AMOUNT OF CREDIT,	(C) PRO-RATA TAX STATE OF CALIFORNIA	25,890.
STATE OF MASSACHUS	ETTS, TAXPAYER	
MASSACHUSETTS ADJU DELAWARE TAX (FORM TAX IMPOSED BY STA	200-01 OR 200-02, PAGE 1) STED GROSS INCOME 200-01 OR 200-02, PAGE 1) TE OF MASSACHUSETTS " = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI = 45,736. / 3,602,718. = DELAWARE TAX TIMES PERCENTAGE FACTOR = 226,389. X .012695 = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX	3,602,718. 45,736. 226,389. 2,327. .012695 2,874.
AMOUNT OF CREDIT,	STATE OF MASSACHUSETTS	2,327.
TOTAL TO FORM 200-	01 OR 200-02, PAGE 1	28,217.

DE 200-01	CREDIT FOR TAX IMPOSED BY OTH	ER STATE	STATEMENT	3
STATE OF VIRGINI	A, SPOUSE			
DELAWARE AGI (FO	RM 200-01 OR 200-02, PAGE 1)		844,33	7.
VIRGINIA ADJUSTE	D GROSS INCOME		93,10	
	RM 200-01 OR 200-02, PAGE 1)		44,33	
	TATE OF VIRGINIA		4,17	3.
"PERCENTAGE FACT	OR" = OTHER STATE'S AGI DIVIDED B = 93,102. / 844,337.	Y DELAWARE AGI	.1102	66
"PRO-RATA TAX"	= 93,102. / 844,337. = DELAWARE TAX TIMES PERCENTA	GE FACTOR	•1102	.00
INO IMIA IMI	= 44,336. X .110266	ob incion	4,88	9.
AMOUNT OF CREDIT	•			
	(B) TAX IMPOSED (C) PRO-RATA TAX			
AMOUNT OF CREDIT	, STATE OF VIRGINIA		4,17	73.
TOTAL TO FORM 20	0-01, PAGE 1, LINE 10		4,17	73.
DE 200-01 SOC SE	C/RR RETIREMENT/HIGHER EDUC EXCL/	LUMP SUM DIST	STATEMENT	4
DESCRIPTION		SPOUSE	TAXPAYER OR JOINT	
SOCIAL SECURITY	BENEFITS	13,365.	28,74	
	•			18.
TOTAL TO FORM DE	200-01, PAGE 2, LINE 37	13,365.	28,74	
TOTAL TO FORM DE	200-01, PAGE 2, LINE 37	13,365.		
DE 200-01	200-01, PAGE 2, LINE 37 SECTION B-MODIFICATIONS AND AD			
			28,74	18.
DE 200-01			28,74	18.
DE 200-01 DESCRIPTION	SECTION B-MODIFICATIONS AND AD	JUSTMENTS	28,74 STATEMENT TAXPAYER OR JOINT	18.
DE 200-01 DESCRIPTION DELAWARE INCOME	SECTION B-MODIFICATIONS AND AD	JUSTMENTS	28,74 STATEMENT TAXPAYER OR JOINT 66,26	59.
DE 200-01 DESCRIPTION DELAWARE INCOME	SECTION B-MODIFICATIONS AND AD	JUSTMENTS	28,74 STATEMENT TAXPAYER OR JOINT	59.

DE 200-01 DELAWARE ITEMIZED DEDUC	TION WORKSHE	ET STA	TEMENT 6
	SPOUSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES, SCHEDULE A, LINE 4 B. TOTAL TAXES, SCHEDULE A, LINE 7* C. INTEREST PAID, SCHEDULE A, LINE 10 D. CONTRIBUTIONS, SCHEDULE A, LINE 14 E. CASUALTY & THEFT, SCHEDULE A, LN 15 F. OTHER MISC., SCHEDULE A, LINE 16	14,277.	5,000. 14,278. 137,898.	28,555.
TOTAL ITEMIZED DEDUCTIONS	157,175.	157,176.	314,351.
*STATE AND LOCAL TAXES MAY BE LIMITED WHE	N MARRIED FI	LING SEPARATE	1
TOTAL TO FORM 200-01, PAGE 2, LINE 43	157,175.	157,176.	

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

p do to terral digori di minoroxi	- · · · · · ·	a nonono mira niro ra			<u> </u>	
This return is for calendar year X 2018 2017		016 2015				
Other year. Enter one: calendar year or fiscal year (month)	and ye	ar ended):				
	ist nan		Your so	Your social security number		
JOSEPH R. BI	DEN	JR.				
,	st nan			Spouse's	s social security number	
	DEN					
Current home address (number and street). If you have a P.O. box, see	Apt. no.	Your ph	one number			
City, town or post office, state, and ZIP code. If you have a foreign addr WILMINGTON, DE	ress, al	so complete spaces	below. See ins	tructions.		
	Foreign	n province/state/cou	ntv	Foreign	postal code	
r deign country hame	Cicigi	ii provinco stato cou	···y	rordigin	postar codo	
Amended return filing status. You must check one box even if you are status. Caution: In general, you can't change your filing status from a joint returns after the due date.	e not c pint ret	hanging your filing urn to separate			coverage (or, for ly, exempt). See inst.	
Single Married filing jointly Married filing separ	ately	Qualifying w	idow(er)			
Head of household (If the qualifying person is a child but not your	deper					
Use Part III on page 2 to explain any changes	T	A. Original amous reported or as previously adjuste (see instructions)	amount or (de	change - of increase crease) - in Part III	C. Correct amount	
Income and Deductions		(see instructions	explain	III Pail III		
1 Adjusted gross income. If a net operating loss (NOL) carryback	1 .	4,580,43	, l		4,580,437.	
is included, check here	1	339,35		25,000.	314,351.	
2 Itemized deductions or standard deduction	2	4,241,08		25,000.	4,266,086.	
3 Subtract line 2 from line 1	3	4,241,00	-	23,000.	4,200,0001	
4a Exemptions (amended returns for years before 2018 only). If changing,	1.					
complete Part I on page 2 and enter the amount from line 29	4a					
b Qualified business income deduction (2018 amended returns only)	4b					
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is	١.	4,241,08	6.	25,000.	4,266,086.	
zero or less, enter -0-	5	2,221,00	-	23,000.	4,200,0001	
Tax Liability				1		
6 Tax. Enter method(s) used to figure tax: TCW	6	1,508,58	1.	9,250.	1,517,831.	
7 Credits. If a general business credit carryback is included,	,					
check here	7				4 = 4 = 0.04	
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	1,508,58	1.	9,250.	1,517,831.	
9 Health care: individual responsibility (see instructions)	9				40 555	
10 Other taxes	10	10,37		~ ~ ~ - ~	10,377.	
11 Total tax. Add lines 8, 9, and 10	11	1,518,95	8.	9,250.	1,528,208.	
Payments				1	,	
12 Federal income tax with held and excess social security and tier 1		206,25			206,254.	
RRTA tax withheld. (If changing, see instructions.)	12					
13 Estimated tax payments, including amount applied from prior year's return	13	1,335,00	0.		1,335,000.	
14 Earned income credit (EIC)	14					
15 Refundable credits from: Schedule 8812 Form(s) 2439						
4136 8863 8885 8962 or						
other (specify):	15					
16 Total amount paid with request for extension of time to file, tax paid						
				16	1,541,254.	
17 Total payments. Add lines 12 through 15, column C, and line 16 Refund or Amount You Owe				17	<u> </u>	
	diuotor	t by the IDS		18	22,296.	
18 Overpayment, if any, as shown on original return or as previously at19 Subtract line 18 from line 17. (If less than zero, see instructions.)	-				1,518,958.	
20 Amount you owe. If line 11, column C, is more than line 19, enter the					9,250.	
21 If line 11, column C, is less than line 19, enter the difference. This is					-,	
22 Amount of line 21 you want refunded to you						
23 Amount of line 21 you want retained to your (enter year):		mated tax 23	*****************			
a a result of mile 2 1 year quart applied to your torrest year).			Cor	nnlete and eig	n this form on page 2	

Phone number

AN

Form 1040X (Rev. 1-2019)

PTIN

8 10702 02-08-18 For forms and publications, visit www.irs.gov.

Department of the Treasury - Internel Revenue Se		1		
U.S. Individual Income Tax I	Return (99) 20	18 . CMS No. 1546-007	4 IRS Use Only	- Do not write or staple in this opace.
Filing Single X Married filing jointly Married filing s	senarately Head of house	hold Qualifying widow(er)		
Your first name and initial	Last name.	7		Your social security number
JOSEPH R.	BIDEN JR.			•
Your standard deduction: Someone can claim you as a	dependent X You were	born before January 2, 1954	You are	
If joint return, spouse's first name and initial	Last name			Spouse's social security number
JILL T.	BIDEN			•
Spouse standard deduction: Someone can claim your spo	the state of the s	ouse was born before January	2, 1954	Pull-year health care coverage or exempt issee inst.)
Spouse is blind Spouse itemizes on a separat Home address (number and streat), if you have a P.O. box.		US AIRUR	Apt. no.	
The state of the s	and addition		1	Presidential Election Campaign.
City, town or post office, state, and ZIP code. If you have a fe	oreign address, attach Schedu	ile 6,		If more than four dependents,
WILMINGTON, DE	*			see inst. and √ here>
Dependents (see instructions):	(2) Social security number	(8) Relationship to you	(4) √ Child tax gre	If qualifies for [see inst.]: dit Credit for other dependents
(1) First name Last name				
Ol Linder manabiles & Solitons I during that I have some	dead this sales and accompanies	achadrian and atologopha and to	the best of my know	
Sign Under penalties of follows, I declare that I have example to Checkers that I have example to Checkers of papears (other Your highsters)	than texpeyor) is based on all info	mation of which proparer has any i Your occupation	nowledge.	of the RS sent you an identity
Joint return?	1 11/1	BXECUTIVE		enter it here
Keep a copy for Sporbe is signature. If a joint return both man	it sign Cate	Shanze, a combegau		If the IRS sent you an identity
Au 1. Ind	en 1.7.19	TEACHER		Protection PIN, anter it here
	parer's signature,	PTN	Firm's EIN	Check If:
Preparer WAYTER H DEYHLE,	11 William			
Use Only CPA	VWWIMU		- \	3rd Party Designed
		Phone n	D.	Sall-employed
Fem's name SELMAN, ROSENBERG &	FREEDMAN			
Frm's address BETHESDA, MD 20814-	2930			
LHA For Disclosure, Privacy Act, and Paperwork F	leduction Act Notice, sec	separate instructions.		Form 1049 (2016)

Form 1040 (2018)	JOS	SEPH R. BIDEN JR. & JILL T. BIDEN		Page 2
***************************************	1	Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 1	1	1,000,073.
	2a	Tax-exempt interest 2a b Taxable interest	2b	17,559.
Attach Form(s) W-2. Also attach	3a	Qualified dividends 3a b Ordinary dividends	3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities 4a 190, 219. b Taxable amount	4b	182,971.
withheld.	5a	Social security benefits 5a 49,545. b Taxable amount	5b	42,113.
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 3, 337, 743.	6	4,580,459.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,		
Standard Deduction for -		subtract \$chedule 1, line 36, from line 6	7	4,580,437.
Single or married	8	Standard deduction or itemized deductions (from Schedule A)	8	314,351.
filing separately, \$12,000	9	Qualified pusiness income deduction (see instructions)	9	
Married filing	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	4,266,086.
jointly or Qualifying	11	a Tax (see 1,517,831. (check if 1 8814 2 4972 3)		
widow(er), \$24,000		b Add any amount from Schedule 2 and check here	11	1,517,831.
 Head of household. 	12	Child tax credit/credit for other dependents	12	
\$18,000	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	1,517,831.
If you checked any box under	14	Other taxes. Attach Schedule 4	14	10,377.
Standard	15	Total tax. Add lines 13 and 14	15	1,528,208.
deduction, see instructions.	16	Federal income tax withheld from Forms W-2 and 1099 SEE STATEMENT 5	16	191,816.
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5 1,349,438.		
		Add any amount from Schedule 5 1,349,438.	17	1,349,438.
	18	Add lines 16 and 17. These are your total payments	18	1,541,254.
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	13,046.
Refund	20 a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	
Direct deposit?	b	Routing number		
See instructions.	► d	Account number		
	21	Amount of line 19 you want applied to your 2019 estimated tax > 21 13,046.	1	
Amount You	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
Owe	23	Estimated tax penalty (see instructions)	1000	

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 **2018**

Name(s) shown on f				Your se	ocial security number
	1-9b	DEN JR. & JILL T. BIDEN	STATEMENT 6	1-9b	
_	10	Reserved Taxable refunds, credits, or offsets of state and local income tax		10	99,383.
Income	11	Alimony received	11		
	12	Business income or (loss). Attach Schedule C or C-EZ	12	1,596.	
	13	Capital gain or (loss). Attach Schedule D if required. If not require	13		
	14	Other gains or (losses). Attach Form 4797	14		
	15a	Reserved	15b		
	16a	Reserved	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts		3,236,764.	
	18	Farm income or (loss). Attach Schedule F	-		
	19	Unemployment compensation			
	20a	Reserved	20b		
	21	Other income. List type and amount	***************************************	21	
	22	Combine the amounts in the far right column. If you don't have	any adjustments to		
		income, enter here and include on Form 1040, line 6. Otherwise		22	3,337,743.
Adjustments	23	Educator expenses			
to Income	24	Certain business expenses of reservists, performing artists,			
		and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses for members of the Armed Forces.			
		Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27 22	•	
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29	12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN	31a		
	32	IRA deduction			
	33	Student loan interest deduction			
	34	Reserved			
	35	Reserved	35		
	36	Add lines 23 through 35	****************	36	22.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

SCHEDULE 4 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Taxes

Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment

Name(s) shown on F	orm 104	q	You	ır social security number
JOSEPH R.	BID	EN JR. & JILL T. BIDEN		
Other	57	Self-employment tax. Attach Schedule SE	57	43.
Taxes	58	Unreported social security and Medicare tax from: Form a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored		
		accounts. Attach Form 5329 if required	59	
	60 a	Household employment taxes. Attach Schedule H	60a	2,845.
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if		
		required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) SEE STATEMENT 8	62	7,489.
	63	Section 965 net tax liability installment from Form		
		965-A	17 (1) (1)	
	64	Add the amounts in the far right column. These are your total other taxes. Enter		
		here and on Form 1040, line 14	64	10,377.

SCHEDULE 5 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Payments and Refundable Credits

Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018

Name(s) shown on F	orm 1040		You	ur social security number
JOSEPH R.	BIDI	N JR. & JILL T. BIDEN		
Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return STMT 9	66	1,335,000.
and	67 a	Reserved	67a	
	b	Reserved	67b	
Refundable	68-69	Reserved	68-69	
Credits	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld STMT 10	72	14,438.
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a 2439 b Reserved c 8885 d	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17	75	1,349,438.

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4884, see the instructions for line 16.

OMB No. 1545-0074

2018

Attachment
Sequence No. 07

Name(s) shown on	Form	1040			TOUT SOCIA	i security number
TOSEDU P	1	BIDEN JR. & JILL T. BIDEN				
***************************************	• 1	Caution: Do not include expenses reimbursed or paid by others.	. 101	L		
Medical and		Med cal and dental expenses (see instructions) SEE STATEMENT 13	4	11	143.	
Dental	1	Enter amount from Form 1040, line 7				
Expenses	3		3	343.	533.	
Expended		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You		State and local taxes.				
Paid	_	a State and local income taxes or general sales taxes. You may			l	
raid	٠	include either income taxes or general sales taxes on line 5a,				
		but not both. If you elect to include general sales taxes or line 3a,				
		44.	5a :	344	944.	
		o State and local real estate taxes (see instructions)	5b		022.	
		State and local personal property taxes	5c			
		d Add lines 5a through 5c		361	966.	
		e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
	•		5e	10	,000.	
	_	separately) Other taxes. List type and amount	V2020			
	8		6			
	-	Add lines to and S	<u> </u>		7	10,000.
Interest You		Add lines 5e and 6 Home mortgage interest and points. If you didn't use all of your	nasi	******		
Paid	0	home mortgage loan(s) to buy, build, or improve your home,				
Caution: Your		see instructions and check this box				
mortgage interest		a Home mortgage interest and points reported to you on Form				
deduction may be	•		8a	28	,555.	
limited (see instructions).		b Home mortgage interest not reported to you on Form 1098. If			,	
ĺ	•	paid to the person from whom you bought the home, see				
		instructions and show that person's name, identifying no., and				
		address >				
			8b			
		Points not reported to you on Form 1098. See instructions for	XX.			
	•	special rules	8c			
		d Reserved	8d		100	
		e Add lines 8a through 8c	8e	28	,555.	
	9	Investment interest. Attach Form 4952 if required. See	710			
	-	instructions	9			
	10	Add lines 8e and 9			10	28,555.
Gifts to	11				•	
Charity		see instructions	11	275	,796.	STMT 12
-	12					
If you made a gift and got a		instructions. You must attach Form 8283 if over \$500	12			
benefit for it,	13	Carryover from prior year	13			1
see instructions.	14	Add ines 11 through 13			14	275,796.
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified	d			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. S	See			
		instructions			15	
Other	16	Other - from list in instructions. List type and amount				
Itemized Deductions						
Deductions					16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amou	int on			
Itemized		Form 1040, line 8			17	314,351.
Deductions	18	If you elect to itemize deductions even though they are less than your standard				
		deduction, check here		<u> </u>		
				_	4	

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to Form 1040.

JOSEPH R. Part I			N JR. & JILL T. BIDEN	1	A.	nount	
Part I	1		ame of payer. If any interest is from a seller-financed mortgage and the buyer used the		A	HOUNT	
Interest			erty as a personal residence, see the instructions and list this interest first. Also, show that				
			's social security number and address UFACTURERS AND TRADERS TRUST ASSOCIATION			5,1	<i>1</i> 1
			SACHUSETTS MUTUAL LIFE INSURANCE CO				31.
			SACHUSETTS MUTUAL LIFE INSURANCE CO				51.
			SACHUSETTS MUTUAL LIFE INSURANCE CO		-		19.
			CASTLE COUNTY SCHOOL EMPLOYEES		 		4.
			BANK, NATIONAL ASSOCIATION	1	-	2	$\frac{1}{12}$.
			SENATE FEDERAL CREDIT UNION	Ι'	 		24.
			TRICT OF COLUMBIA	1			49.
Note: If you			M K-1 - CELTICCAPRI CORP			11,9	
received a Form 1099-INT.		rico	W R-1 - CHILLOCATRI CORI	1	<u> </u>	,-	20.
Form 1099-OID,							
or substitute statement from							
a brokerage firm,							
list the firm's name as the							
payer and enter							
the total interest shown on that	_	A ol ol	the amounts on line 4	2	-	L7,5	59.
form.		Add	the amounts on line 1	2	-	L / , J	
	3			١.	1		
		Attac	h Form 8815	3	 	L7,5	50
	-		ract line 3 from line 2. Enter the result here and on Form 1040, line 2b	+-			
Part II			ne 4 is over \$1,500, you must complete Part III.	-	 	mount	
Partii	Ð	LIST	arne of payer				
Ordinary							
Dividends							
				l			
				1			
				1			
				5			
Note: If you received a Form				ľ			
1099-DIV or					ļ		
substitute							
statement from a brokerage firm,							
list the firm's							
name as the paver and enter							
the ordinary							
dividends shown on that form.							
		A11	the amount on Book Colombia to the angle of Colombia Colombia	_	+		
			the amounts on line 5. Enter the total here and on Form 1040, line 3b	6			
Part III			ne 6 is over \$1,500, you must complete Part III.			T	
Part III			complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had			Yes	No
Earaian			count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trus			134	10.01030
Foreign Accounts	/8		by time during 2018, did you have a financial interest in or signature authority over a financial interest in or signature authority over a financial interest in a foreign country? See in		•	1341111111	X
and			bank account, securities account, or brokerage account) located in a foreign country? See in es." are you required to file FinCEN Form 114. Report of Foreign Bank and Financial Accounts				
Trusts				•	**		
::4919			port that financial interest or signature authority? See FinCEN Form 114 and its instructions for irements and exceptions to those requirements	-		KHARE!	
	L		***************************************				
	D		u are required to file FinCEN Form 114, enter the name of the foreign country where the finance	iai ac	count		
	_	I	cated				
007000 40 00 00	8		ng 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a fore	yn tru	St?	re-Pil	X
827501 10-24-18		11 Y	es," you may have to file Form 3520. See instructions				47

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040) 2018

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., generally must file Form 1065.
▶ Attach to Form 1040, 1040NR, or 1041.
▶ See instructions.

OMB No. 1545-0074

Social security number (SSN) Name of proprietor JILL T. BIDEN General Information Had no employees during the year. Had business expenses of \$5,000 or less, You may use Do not deduct expenses for business use Use the cash method of accounting, Schedule C-EZ of your home. instead of Did not have an inventory at any time during Schedule C Do not have prior year unallowed passive the year, only if you: activity losses from this business, and And you: Did not have a net loss from your business, Are not required to file Form 4562. Had only one business as either a sole Depreciation and Amortization, for this proprietor, qualified joint venture, or business. See the instructions for Schedule statutory employee, C, line 13, to find out if you must file. B Enter business code (see inst) Principal business or profession, including product or service **▶** 711510 AUTHOR D Enter your EIN (see inst) Business name. If no separate business name, leave blank. JILL BIDEN Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. City, town or post office, state, and ZIP code WILMINGTON, DE Did you make any payments in 2018 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) X No Yes If "Yes," did you or will you file required Forms 1099? Part II Figure Your Net Profit Gross receipts. Caution: Ifithis income was reported to you on Form W-2 and the "Statutory employee" box on that 1,596. form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check here TMT 14 0. 2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Schedule 1 (Form 1040), line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2. (Statutory employees do not 1,596. report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2. Part III When did you place your vehicle in service for business purposes? (month, day, year) / / . Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: **b** Commuting **c** Other Business Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? Yes If "Yes," is the evidence written? For Paperwork Reducțion Act Notice, see the separate instructions for Schedule C (Form 1040). Schedule C-EZ (Form 1040) 2018

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074
2018

Your social security number Name(s) shown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C of C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) B If "Yes," did you or will you file required Forms 1099? Yes No 1a Physical address of each property (street, city, state, ZIP code) WILMINGTON. DE A В C 1b Type of Property 2 For each rental real estate property listed Fair Rental Personal above, report the number of fair rental and Davs Use Davs (from list below) personal use days. Check the QJV box 365 A 1 only if you meet the requirements to file as a qualified joint venture. See instructions. В В C C Type of Property: 7 Self-Rental 1 Single Family Residence 3 Vacation/Short-Term Rental 5 land 2 Multi-Family Residence 8 Other (describe) 4 Commercial 6 Royalties Properties: C В Income: 3 3 Rents received Royalties received 4 Expenses: Advertising 5 Auto and travel (see instructions) 6 Cleaning and maintenance 7 7 Commissions 8 8 9 10 Legal and other professional fees 10 11 11 Management fees 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 15 Supplies 15 16 16 Utilities 17 17 Depreciation expense or depletion 18 18 19 Other (list) 19 Total expenses. Add fines 5 through 19 20 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a 0 (loss), see instructions to find out if you must file Form 6198 21 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 0. 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

821491 10-18-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2018

821501 10-18-18

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reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code 8; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)

Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules

2018 Income from Passthroughs

CELTICCAPRI CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

CELTICCAPRI, CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

2,730,667.

TOTAL NONPASSIVE INCOME (LOSS)

2,730,667.

OTHER K-1 INFORMATION:

INTEREST INCOME	11,928.
OTHER ITEMIZED DEDUCTIONS	5,100.
INVESTMENT INCOME	11,928.
NONDEDUCTIBLE EXPENSES	2,274.
SE EARNINGS	300,000.

2018 Income from Passthroughs

GIACOPPA CORP I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

506,097.

TOTAL NONPASSIVE INCOME (LOSS)

506,097.

828021 04-01-18

2018 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME	11,928.
OTHER ITEMIZED DEDUCTIONS	5,100.
NONDEDUCTIBLE EXPENSES	2,274.
SE EARNINGS	300,000.

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME 11,928.

828021 04-01-18

Sche	dule SE (Form 1040) 201	<u> </u>	Attachment Sequence N	o. 17	Page 2
		loyment income (as shown on Form 1040 or Form 1040NR)	Social security number of		
			person with self-employme	ent	
	L T. BIDEN		income	>	
	tion B - Long Sche				
	t l Self-Employn				
Note: churc	If your only income sub th employee income.	ect to self-employment tax is church employee income, s	ee instructions. Also see instr	uctions	for the definition of
A	If you are a minister, me more of other net earni	mber of a religious order, or Christian Science practitioner a gs from self-employment, check here and continue with Pa	and you filed Form 4361, but y	ou ha	d \$400 or ▶□
1a		from Schedule F, line 34, and farm partnerships, Schedule kip lines 1a and 1b if you use the farm optional method (se		1a	
b	If you received social se	curity retirement or disability benefits, enter the amount of	Conservation Reserve		
		ded on Schedule F, line 4b, or listed on Schedule K-1 (For		1b	
2		Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (F			
		d Schedule K-1 (Form 1065-B), box 9, code J1. Ministers an			
	orders, see instructions	for types of income to report on this line. See instructions	for other income to report.		1,596.
		u use the nonfarm optional method (see instructions) \sim ${f SE}$		2	1,596.
3	Combine lines 1a, 1b, a	1101010101010101010101010101010101010101		3	1,474.
4a		o, multiply line 3 by 92.35% (0.9235). Otherwise, enter amo		4a	1,2/2:
		an \$400 due to Conservation Reserve Program payments		4b	
	•	of the optional methods, enter the total of lines 15 and 17 lb. If less than \$400, stop; you don't owe self-employment t		40	
		u had church employee income, enter-0- and continue		4c	1,474.
50		loyee income from Form W-2. See instructions			
Ja		employee income	Ба		
ь		5% (0.9235). If less than \$100, enter -0-		5b	
6	Add lines 4c and 5b	Value of the state		6	1,474.
7		mbined wages and self-employment earnings subject to so			
•		7.65% railroad retirement (tier 1) tax for 2018		7	128,400.00
8a	•	ges and tips (total of boxes 3 and 7 on Form(s)	******************************		
		nent (tier 1) compensation. If \$128,400 or more, skip			
			8a 232,875.		
b			8b		
c			8c		
d		•	***************************************	8d	
9	Subtract line 8d from lin	e 7. If zero or less, enter -0- here and on line 10 and go to li	ine 11	ð	
10	Multiply the smaller of	ine 6 or line 9 by 12.4% (0.124)		10	
11	Multiply line 6 by 2.9%	(0.029)		11	43.
12	Self-employment tax.	Add lines 10 and 11. Enter here and on Schedule 4 (Form	1040), line		
		ne 55		12	43.
13		of self-employment tax.		1.04	
		(0.50). Enter the result here and on	1 00		
- D-		7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	13 22.		
		hods To Figure Net Earnings (see instructions)		i statistica	
		may use this method only if (a) your gross farm income ¹ w	asn't more		
		arm profits 2 were less than \$5,717.			5,280.00
14	Maximum income for o	othirds (2/3) of gross farm income ¹ (not less than zero) or	\$5.000 Aloc include	14	3,200.00
15				15	
Mond	this amount on line 40	bove	a ³ wore less than \$5.717	200	
		f your gross nonfarm income, and (b) you had net earning:			
		B years. Caution: You may use this method no more than t			
16	• "	e 14		16	
17	Enter the smaller of tw	vo-thirds (2/3) of gross nonfarm income 4 (not less than zero) or the amount on		
		s amount on line 4b above		17	
1 Fro			. C . line 31: Sch. C-EZ. line 3: Sch	K-1 (F	orm 1065), box 14, code A:

From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

and Sch. K-1 (Form 1065-B), box 9, code J1.

From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

DOES NOT APPLY

Alternative Minimum Tax - Individuals

6251 From

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form8251 for instructions and the latest information. ➤ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Your social security number

Name(s) shown on Form 1040 or Form 1040NR JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Alternative Minimum Taxable Income Enter the amount from Form 1040, line 10, if more than zero, If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a 4,266,086. 1 2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from 10,000. Form 1040, line 8 2a -99,383. Tax refund from Schedule 1 (Form 1040), line 10 or line 21 2b c Investment interest expense (difference between regular tax and AMT) 2c d Depletion (difference between regular tax and AMT) 2d e Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount 2e f Alternative tax net operating loss deduction Interest from specified private activity bonds exempt from the regular tax 2g Qualified small business stock, see instructions 2h Exercise of incentive stock options (excess of AMT income over regular tax income) Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 2 k Disposition of propertyl(difference between AMT and regular tax gain or loss) Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 2 Passive activities (difference between AMT and regular tax income or loss) 2m n Loss limitations (difference between AMT and regular tax income or loss) o Circulation costs (difference between regular tax and AMT) 20 p Long-term contracts (difference between AMT and regular tax income) 2p q Mining costs (difference between regular tax and AMT) Research and experimental costs (difference between regular tax and AMT) 21 Income from certain installment sales before January 1, 1987 2s Intangible drilling costs preference Other adjustments, including income-based related adjustments 3 3 Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 4,176,703. is more than \$718,800, see instructions.) Part II Alternative Minimum Tax (AMT) Exemption. (If you were under age 24 at the end of 2018, see instructions.) AND line 4 is not over ... THEN enter on line 5 ... IF your filing status is ... Single or head of household \$500,000 \$70,300 0. Married filing jointly or qualifying widow(er) 1,000,000 109,400 5 Married filing separately 500,000 54,700 If line 4 is over the amount shown above for your filing status, see instructions. Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, 4,176,703. and 11, and go to line 10 6 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the 1,165,655. 7 amount from line 40 here. All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. Alternative minimum tax foreign tax credit (see instructions) 1,165,655. Tentative minimum tak. Subtract line 8 from line 7 Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this 1,517,831. line (see instructions) 10 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45. 11 LHA For Paperwork Reduction Act Notice, see your tax return instructions. Form 6251 (2018)

819481 11-16-18

Form 6251 (2018)

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Part III Tax Computation Using Maximum Capital Gains Rates

Page 2

12 Enter the amount from Fourh 6231, line 6. If you are filing Fourh 2555 or 2555-EZ, context the amount from line is of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Schedule Difform 104(s), whichever applies (far enfigured for the AMT, if necessary) (see instructions) (if you are filing Fourh 2555 or 2555-EZ, see instructions for Schedule Difform 104(s), whichever applies (far enfigured for the AMT, if necessary) (see instructions) (if you are filing Fourh 2555 or 2555-EZ, see instructions for the amount to enter 1 if you did not complete a Schedule D Tax Worksheet in the amount to enter 1 if you did not complete a Schedule D Tax Worksheet for the AMT, if necessary) (see instructions) (if you are filing Fourh 2555 or 2555-EZ, see instructions for the amount to enter 1 if you did not complete a Schedule D Tax Worksheet (as refigured for the AMT, if necessary) (see instructions and the schedule D Tax Worksheet (as refigured for the AMT, if necessary) (see instructions for the amount to enter 1 of of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Fourh 2555 or 2555-EZ, see instructions for the amount to enter 1 in of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Fourh 2555 or 2555-EZ, see instructions for Tax Worksheet (as the schedule D Tax Worksheet (as the instructions for Schedule) (if you are filing separately) (if you are filing four 2555 or 2555.EZ, see instructions for Schedule D Tax Worksheet in the instructions for Schedule D (if you are filing fourh 2555 or 2555.EZ, see instructions for Schedule D Tax Worksheet in the instructions for Schedule D (if you are filing fourh 2555 or 2555.EZ, see instructions for the amount to enter 2 in the schedule D Tax Worksheet (in the instructions for Schedule D (if you are filing separate	LP	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Workshee	at in th	a inetructions
line a of the worksheet in the instructions for line 7 12				e manuchona.
18 Enter the amount from line is of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1404, whichever applies (as refigured to the AMT, if necessary) (see instructions) if you are filing form 2555 of 2255 EZ, see instructions for the AMT, if necessary) (see instructions). If you are filing form 2555 of 2255 EZ, see instructions for the AMT, if necessary) (see instructions). If you are filing form 2555 or 2255 EZ, see instructions for the amount to enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount to mine 15. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (are refigured for the AMT, if necessary). If you are filing Form 2555 or 2555 EZ, see instructions for the amount to enter 15 from line 12 in 15 from 15	12	the control of the state of the		
for Form 1040, line 11 a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D Form 1040, whichever applies (an enigurat of the AMT, if necessary) (see anistuctions), if you are filing Form 2555 or 2555 EZ, see instructions for the amount to enter 14. He first the smaller of line 17 or 17 or 18 (are filipured for the AMT, if necessary) (see instructions), if you are filing Form 2555 or 2555 EZ, see instructions for the the AMT, if necessary) (see instructions), if you do not complete a Schedule D Tax Worksheet for the regular act or the AMT, enter the amount from line 13. Otherwise, add lines 12 and 14, and enter the smaller of the the amount from line 13. Otherwise, add lines 12 and 14, and enter the smaller of the the amount from line 13. Otherwise, add lines 12 and 14, and enter the smaller of the the amount from line 13. Otherwise, and lines 13 and 14, and enter the smaller of the 13 or 18 (and 14 and enter the smaller of line 13 or 18 (and 15 and 15		(/41/141/141/141/141/141/141/141/141/141	12	
for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing from 2550 of 2555-EZ, see instructions for the amount to enter 18 If you did not complete a Schedule D (Form 1040), the 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing from 2555 or 2555-EZ, see instructions for the amount to enter 19 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing from 2555 or 2555-EZ, see instructions for the amount to enter 19 Enter the smaller of line 12 or file 1 in 19 in	13			
you are Ring Form 2555 or 2555-EZ, see instructions for the amount to enter 13 14 Enter the amount from Schedule D Form 1040, in 10 (s) as regiment of the AMT, if necessary) (see instructions), if you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 15 if you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13 Otherwise, and lines 13 and 14, and enter the amalier of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary), if you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 15 Enter the smaller of line 12 or line 15 16 Enter the smaller of line 12 or line 15 17 Total 16 If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 26% (0.26) and subtract \$3,822 (\$1,911 if married filing separately) from the result 19 Enter 10 Enter 10 Enter 10 Enter 10 Enter 10 Enter 10 Enter 11 Enter 11 Enter 12 Enter 13 Enter 14 Enter 15 Enter 16 Enter 17 Enter 17 Enter 18 Enter 19 Enter 19 Enter 19 Enter 10 Enter 1				
14 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions) if you are filing Form 2550 or 2555. Zee sinstructions for the amount or from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-Ze, see instructions for the amount to enter 16. 16. 17. 18. If line 17 is 3911,000 or less (395,550 or less if married filing separately), multiply line 17 by 28% (0.26). Otherwise, multiply line 17 by 28% (0.26) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 19. 19. Enter ** 19. **T7,200 if married filing pointly or qualifying widow(sr)* 19. \$33,100 if single or married filing separately. or ** 19. \$33,100 if single or married filing separately. or ** 19. \$33,100 if line of thoushhold the dualified Dividends and Capital Gain Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax, If you did not complete either worksheet for the regular tax, enter the amount from filing separately or the smaller of line 2 to or line 2. This amount to enter 2. 20. Enter the smaller of line 2 to or line 2. This amount to enter 2. 21. Enter the smaller of line 2 to or line 2. This amount to amount to enter 2. 22. Enter the smaller of line 2 to or line 2. This amount to state 3. 23. Subtract line 20 from line 2 to or line 2. This amount to attack and the same of the separately or sea, senter 4. 22. Enter the amount from line 2 to or line 2. This amount to attack and the separately 2. 23. Subtract line 20 from line 2 to rine 19. If zero or less, enter 0. 24. Subtract line 20 from line 2 to rine 2. 25. Enter the amount from line 2 to rine 2. 26. Subtract line 20 from line 2 to rine 2. 27. Subtract line 20 from line 2 to rine 2. 28. Subtract line 20 from line 2 to rine 20. 29. Subtract line 20 from line 2 to rine 20. 29. Subtr			40	
instructions, if you are filing Form 2555 or 2555 EZ, see instructions for the amount of the filing form 255 or 2555 EZ, see instructions for the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the AMT, if necessary). If you are filing Form 2555 or 2555 EZ, see instructions for the amount to enter 15. See 15. S	4.4		13	
16 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555 EZ, see instructions for the amount to enter 15 little 15 li	14		44	
from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-Cz, see instructions for the amount to enter 15 16 17 3 subtract line 16 from line 12 or line 15 17 3 subtract line 16 from line 12 17 3 subtract line 26 from line 12 18 liline 17 is \$191,100 or lies \$859,500 or less if mamed filing separately), multiply line 17 by 26% (0.28) Otherwise, multiply line 17 by 26% (0.28) otherwise, line 17 is \$191,100 or lies \$859,500 or less if mamed filing separately) from the result. 19 Enter 10 \$17.7 \$10	45		14	
10 of the Schedule D Tax Worksheet (as refigued for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 15 feather the smaller of line 12 or line 15 min 15 min 15 min 16 min	10			
2555 EZ, see instructions for the amount to enter 15 Enter the mailer of line 12 or line 15 17 Subtract line 16 from line 12 18 If line 17 is \$191,100 or less (\$93,500 or less if mamed liling separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 26% (0.26) and subtract \$3,922 (\$1,911 if mamed filing separately) from the result. 19 Enter: 19 \$77,200 if married filing peparately, or 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Schedule D from 1040, line 114, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D from 1040, line 114, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D from 1040, line 114, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D from 1040, line 114, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D from 1040, line 104, or the regular tax, they and filing form 255 or 255 EZ, see instructions for the amount to enter 20 Enter the smaller of line 12 or line				
18 Enter the smaller of line 12 or line 15 19 Subtract line 16 from line 12 19 Enter: 19 Enter: 19 Enter: 19 Enter: 19 ST7,200 if married filing obstract \$3,822 (\$1,911 if married filing separately) from the result. 19 Enter: 19 ST8,200 if single or married filing separately or \$3,820 (\$1,911 if married filing separately) from the result. 19 ST8,200 if single or married filing separately or \$3,820 if single or married filing separately or \$3,820 if single or married filing separately or \$3,800 if single or married filing separately or \$3,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Schedule D (Form 1040), line 11a, of the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), line 11a, of the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from line 2 or line 12 or li			15	
17 Subtract line 16 from line 12 8 If line 17 is \$151,100 or less \$85,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 26% (0.26) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 9 18 19 Enter: 9 \$77,200 if married filing pointly or qualifying widow(er), 9 \$36,800 if single or married filing separately, or 9 \$51,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Schedule D from 1040, line 11a, of the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D from 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D from 1040, line 10, if zero or less, enter 0. If you are filing Form 2555 or 2555 EZ, see instructions for the amount to enter 20 21 Subtract line 20 from line 19. If zero or less, enter 0. 21 22 Enter the smaller of line 1 or line 20 if line 20 or line 13. 22 2 11 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2	16			
18 If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 26% (0.26) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 19 Enter: *\$77,200 if married filing objects (1.91) or qualifying widow(er), *\$38,600 if single or married filing separately, or *\$51,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Schedule D (Form 1040), line 11a, of the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax), If you did not complete either worksheet for the regular tax, enter the amount from filing form 2555 or 255-Ez, see instructions for the amount to enter 21 Subtract line 20 from line 1 or line 12. Tize or less, enter -0. 22 Enter the smaller of line 2 or line 12. This amount is taxed at 0% 23 State the smaller of line 2 or line 12. This amount is taxed at 0% 24 Subtract line 28 from line 22. 25 Enter: *\$425,800 if single *\$239,500 if married filing separately *\$479,000 if married filing separately *\$479,000 if married filing separately *\$479,000 if married filing ipinity or qualifying widow(er) *\$479,000 if married filing separately *\$479,000 if married filing ipinity or qualifying widow(er) *\$479,000 if married filing separately *\$479,000 if married filing ipinity or qualifying widow(er) *\$479,000 if married filing ipinity or qualifying widow(er) *\$479,000 if married filing ipinity or qualifying widow(er) *\$479,				
multiply line 17 by 26% (0 28) and subtract \$3,822 (\$1,911 if married filling separately) from the result. 16		67 57 68 68 68 68 68 68 68 68 68 68 68 68 68		
19 Enter: \$77,200 if married filing jointly or qualifying widow(er), \$338,600 if single or married filing separately, or \$51,700 if head of household. 20 Enter the amount from lin 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax, If you did not complete either worksheet for the regular tax, and the amount from Form 1040, line 10, if zero or less, enter -0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 21 Subtract line 20 from line 12 or line 13 or line 22. This amount is taxed at 0%. 22 Enter the smaller of line 12 or line 22. This amount is taxed at 0%. 23 Enter the smaller of line 12 or line 22. This amount is taxed at 0%. 24 Subtract line 23 from line 22. 25 Enter \$452,400 if head of household. 26 Enter the amount from line 21. 27 Enter the amount from line 2 or the qualifying widow(er) \$4542,400 if head of household. 28 Enter the amount from line 2 or the amount from line 19 of the Schedule D Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet whichever applies (as figured for the regular tax, all, if you did not complete either worksheet for the regular tax, enter the amount from line 20 or line 28 or line 29. 28 Add line 28 and 30 If line 28 or line 29. 39 Libract line 28 from line 25. If zero or less, enter -0. 29 Ochtract line 28 from line 25. 30 If lines 32 and 30 If lines 35 through 37 and go to line 38. Otherwise, go to line 33. 30 Libract line 32 from line 12. 31 Multiply line 30 by 25% (0.25). 32 Add lines 13, 31, 43, and 37. 33 Subtract line 35 from line 12. 34 Multiply line 30 by 25% (0.25). 35 Add lines 15, 31, 43, and 37. 36 Carter the smaller of line 28 or line 39				
\$77,200 if married filing jointly or qualifying widow(er). \$38,600 if single or married filing separately, or \$51,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax), if you did not complete either worksheet for the ragular tax, enter the amount from Form 1040, line 10, if zero or less, enter -0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 21 Subtract line 20 from line 19. If zero or less, enter -0. 22 Enter the smaller of line 12 or line 13 23 Inter the smaller of line 12 or line 14. This amount is taxed at 0% 24 Subtract line 23 from line 22 25 Enter: 26 **A452,000 if single 27 **Enter the amount from line 7 or the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet in the instructions (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter	19			
\$35,700 if head of household. The amount from lind 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 110, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10, if zero or less, enter -0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 20				
• \$51,700 if head of household. 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, of the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax), if you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 11a, of zero or less, enter -0. If you are fliing Form 2555 or 2555-Ez, see instructions for the amount to enter 21 Subtract line 20 from line 9, if zero or less, enter -0. 21 Subtract line 20 from line 9. If zero or less, enter -0. 22 Subtract line 20 from line 21 or line 13 Subtract line 23 from line 22 Subtract line 23 from line 24 Subtract line 23 from line 21 Subtract line 24 from line 21 Subtract line 24 from line 21 Subtract line 24 from line 21 Subtract line 25 from line 25 Subtract line 25 from line 27 Subtract line 26 from line 27 Subtract line 28 from line 27 Subtract line 28 from line 24 or line 28 Subtract line 28 from line 24 or line 28 Subtract line 28 from line 25 Subtract line 25 from line 25 Subtract line 26 from line 26 Subtract line 26 from line 26 Subtract line 27 Subtract line 27 Subtract line 28 from line 29 Subtract line 28 from line 29 Subtract line 32 from line 29 Subtract line 32 from line 29 Subtract line 33 from line 27 Subtract line 35 from line 20 Subtract line 35 from line			19	
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36 Subtract line 35 from line 12 37 Multiply line 36 by 25% (0.25) 38 Add lines 18, 31, 34, and 37 39 If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7		If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
36 Subtract line 35 from line 12 37 Multiply line 36 by 25% (0.25) 38 Add lines 18, 31, 34, and 37 39 If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	35	Add lines 17, 32, and 33	35	
38 Add lines 18, 31, 34, and 37 39 If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7.	36	Subtract line 35 from line 12	36	
39 If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7			37	
Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7.	38	Add lines 18, 31, 34, and 37	38	
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7.	39			
enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7.	**		39	
	40			
819591 11-16-18 Form 6251 (2018			40	Form 6251 (2018

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

2018

Attachment
Sequence No. 44

Name of employer					Social security number
TOGRDU P BTI	DEN JR. & JILL	T DIDEN			Employer identification number
OOBBEIL K. BII	DISIL OK. & CILL	I. DIDBR			
Calendar year taxpayers	having no household emplo	yees in 2018 don't have to comp	lete this for	m for 2018.	
		h wages of \$2,100 or more in 20 ge 18, see the line A instructions I			
	lines B and C and go to line b.	1 .			
B Did you withhold fe	ederal income tax during 20	18 for any household employee?			
	line C and go to line 7. o line C.				
• • •		re in any calendar quarter of 201 I to your spouse, your child unde			bloyees?
· .	o. Don't file this schedule. lines 1-9 and go to line 10.				
Part I Social Se	curity, Medicare, and	l Federal Income Taxes			
1 Total cash wages sui	bject to social security tax		1	18,325	■ Application (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
2 Social security tax. M	fultiply line 1 by 12.4% (0.1)	24)			2 2,272.
3 Total cash wages su	bject to Medicare tax		3	18,325	
4 Medicare tax. Multipl	ly line 3 by 2.9% (0.029)				4 531.
5 Total cash wages su	bject to Additional Medicare	a Tax withholding	5		
6 Additional Medicare	Tax withholding. Multiply lin	e 5 by 0.9% (0.009)			. 6
7 Federal income tax v	vithheld, if any			••••••	. 7
8 Total social security	y, Medicare, and federal in	come taxes. Add lines 2, 4, 6, ar	d7		8 2,803.
		in any calendar quarte r of 2017 o your spouse, your child under a		•	pyees?
	Include the amount from line e line 9 instructions.	e 8 above on Schedule 4 (Form 1	040), line 60	a. If you're not requ	uired to file Form 1040,
X Yes. Go to i	line 10.				·
LHA For Privacy Act	and Paperwork Reduction	Act Notice, see the instruction			Schedule H (Form 1040) 2018

810351 11-26-18

		SEPH R. BI		JILL	T. BIDEN						Page 2
Part II r	-ederai Un	employment (F	UIAJ IAX							Yes	No
O Did you pa	ay unemployn	nent contributions to	only one state? If	you paid co	ntributions to a cre	edit reduction s	tate,			, 03	"
-	ctions and ch		*******************					[10	X	
	-	employment contribi							11	X	ļ
		taxable for FUTA tax				?		L	12	X	
		'es" box on all the li				ion B					
n you c	HECKEU UIG I	DOX ON ANY OF UN		Section A		OT D.					
3 Name of t	he state when	e you paid unemploy	ment contribution	s	>	DE	i i i i i i i i i i i i i i i i i i i	4			
								[설명] 경화			
4 Contributi	ons paid to yo	ur state unemploym	nent fund		14		11.				
5 Total cash	n wages subje	ct to FUTA tax					16			7,0	00.
6 FUTA tax	. Multiply line	15 by 0.6% (0.006).		re, skip Sect Section E		ne 25	16	3			42.
7 Complete	all columns b	elow that apply (if yo									
(a)	(b)			(d)	(e)	(f)		(g)		(h)	
Name Taxa	ble wages (as ed in state act)	(C) State experio	ence rate d	State experience	Multiply col. (b) by 0.054	Multiply col. (b) by col. (d)	Subtra from	act col. (f) col. (e).	pai	ntribution id to sta	tate
state		From	То	rate	- , 5.55 ·) o, o (c,	If zero	or less, er -0	une	mployn fund	nent
		1									
						<u> </u>					
8 Totals						١,	18				
		of line 18					10 T	.8	••••••		
		ct to FUTA tax (see					20	5			
	-	(0.060)						1			
22 Multiply li	ne 20 by 5.4%	(0.054)			22						
23 Enter the	smaller of line	19 or line 22	*********************			******************					
		oyment contributio									
		eck here)							***************************************		
		23 from line 21. Ent ehold Employm		and go to mi	3 20	*****************	2	<u>* 1</u>			
		ine 8. If you checked		line C of pa	ge 1. enter -0-		2	5		2,8	303.
		nd line 25			-						345.
	equired to file										
		the amount from lin				Don't complete	e Part IV be	elow.			
		to complete Part i									
Voltess (number	Address are	d Signature - C	omplete this part of street address	only if require	ed. See the line 27	'instructions.	Apt	., room, or suite	a no.		
	·										
ity, town or post	office, state, and a	P code									
Inder penalties of	perjury, I declare i	nat I have examined this so ent fund claimed as a cred	chedule, including accordit was or is to be, deduc	panying statemented from the pay	ents, and to the best of r	my knowledge and be	elief, it is true,	correct, and co	mplete.	No par	rt of any ation of
vhich preparer has							,	1 -3,			

Employer's s	-					Date		. 1			
Paid	Print/Type p	eparer's name	Preparer's	signature	Date		iecki				
Preparer	Firm's name				L		lf- employed irm's EIN ▶				
Use Only	, min a manife						arrive will be				
	Firm's addre	ss 🕨				P	hone no.				
110050 11 00 11							0-	hedule H (I		1040	1) 2015
810352 11-26-18							3 C	euule U (l	. WIIII		10 است زر

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment

Name(s) shown on return Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5, If you have more than one Form W-2, enter the total of the amounts 1,009,843. from box 5 2 Unreported tips from Form 4137, line 6 2 3 Wages from Form 89 9, line 6 3 1,009,843. 4 Add lines 1 through 3 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. Single, Head of household, or Qualifying widow(er) \$200,000 8 Subtract line 5 from line 4. If zero or less, enter -0-759,843. 6 6,839. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 7 Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 1,474. 8 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. Single, Head of household, or Qualifying widow(er) \$200,000 Ω 1,009,843. 10 Enter the amount from line 4 11 Subtract line 10 from line 9. If zero or less, enter -0-11 1,474. 12 Subtract line 11 from line 8. If zero or less, enter -0-12 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 13. 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Single, Head of household, or Qualifying widow(er) \$200,000 16 Subtract line 15 from ine 14. If zero or less, enter-0-16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV... 17 Part IV Total Additional Medicare Tax 18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check 6,852. box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V 18 Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than 17.391. one Form W-2, enter the total of the amounts from box 6 19 1,009,843. 20 Enter the amount from line 1 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 14,643. 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages 2,748. 22 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, 2,748. and 1040-SS filers, see instructions) 24

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

OMB No. 1545-2227

2018

Department of the Treasury Internal Revenue Service (99)

➤ Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment Sequence No. 72

	s) shown on your tax return			Your s	ocial sec	urity number or EIN
***************************************	EPH R. BIDEN JR. & JILL T. BIDEN		1			
Parl	PU-10					
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see					17 550
1	Taxable interest (see instructions)				1	17,559.
2	Ordinary dividends (see instructions)				2	
3	Annuities (see instructions)				3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,		2 226	7 C A		
	The state of the s	а	3,236,	/04.		
b	Adjustment for net income or loss derived in the ordinary course of		2 226	7 C A		
			-3,236,			•
C	Combine lines 4a and 4b		***************************************		4c	0.
5a		ia				
b	Net gain or loss from disposition of property that is not subject to					
	The modern and food moderation of	ib				
C	Adjustment from disposition of partnership interest or S corporation					
	stock (see instructions)5	ic				
d	Combine lines 5a through 5c				5d	
8	Adjustments to investment income for certain CFCs and PFICs (see instructions)				6	
7	Other modifications to investment income (see instructions) SEE 5	STA	TEMENT	17	7	63.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	17,622.
Par	III Investment Expenses Allocable to Investment Income and M	lodi	fications			
9a	Investment interest expenses (see instructions))a				
b	State, local, and foreign income tax (see instructions)	b		363.		
C	Miscellaneous investment expenses (see instructions)	C				
d	Add lines 9a, 9b, and 9¢		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9d	863.
10	Additional modifications (see instructions)				10	
11	Total deductions and modifications. Add lines 9d and 10				11	863.
Par	III Tax Computation				,	
12	Net investment income Subtract Part II, line 11, from Part I, line 8. Individuals, comple	te				
	lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter-0-				12	16,759.
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	4,580,			
14	Threshold based on filing status (see instructions)	14	250,			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	4,330,	<u>437.</u>		
16	Enter the smaller of line 12 or line 15				16	<u>16,759.</u>
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here					
	Include on your tax return (see instructions)				17	637.
	Estates and Trusts:					
18a	Net investment income (line 12 above)	8a				
b	Deductions for distributions of net investment income and					
	deductions under section 642(c) (see instructions)	8b				
C	Undistributed net investment income. Subtract line 18b from 18a (see					
		8c				
19a		9a			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
b	Highest tax bracket for estates and trusts for the year (see					
		9b			XXX	
c		9c				
20	Enter the smaller of line 18c or line 19c				20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Ent					
	and include on your tax return (see instructions)				21	
LHA						Form 8960 (2018)

823121 01-09-19

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	MENT 1
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S NORTHERN VIRGINIA COMMUNITY CO OFFICE OF THE CONTROLLER T TRUSTEES OF THE UNIVERSITY OF	94,705.	12,713.	4,811.		6,477.	1,515.
PENNSYLVANIA T CELTICCAPRI CORP S GIACOPPA CORP	405,368. 300,000. 200,000.	88,073. 57,362.	26,437. 18,245.		7,961. 7,961. 7,961.	5,250.
TOTALS	1,000,073.	158,148.	49,493.		30,360.	17,391.
FORM 1040	IRA	DISTRIBUT	ONS		STATE	MENT 2
NAME OF PAYER				ROSS RIBUTION	TAXABL	E AMOUNT
WELLS FARGO CLEARING				950	•	950.
TOTAL INCLUDED IN FORM	1040, LINE	4B		950	•	950.

FORM 1040	PENSIONS AND ANNUITIES		STATEMENT	3
OFFICE OF PENSIONS				
AMOUNT RECEIVED TI	HIS YEAR	33,691. 169.		
	RIBUTION REPORTED ON SCH D	109.		
	_		33,52	22.
OFFICE OF PERSONNE	L MANAGEMENT			
AMOUNT RECEIVED T	HIS YEAR	156,528. 8,029.		
	RIBUTION REPORTED ON SCH D	0,029.		
	_		148,49	99.
TOTAL INCLUDED IN	FORM 1040, LINE 4B	-	182,02	21.

			**	
FORM 10	40	SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT	4
A. SIX	RRIED FIL	OX: D OF HOUSEHOLD, OR QUALIFYING WIDOW(ER) ING JOINTLY ING SEPARATELY AND LIVED WITH YOUR SPOUSE		
		DURING 2018		
D. MA		ING SEPARATELY AND LIVED APART FROM YOUR SPOUSE		
		TAL AMOUNT FROM BOX 5 OF ALL YOUR		
		99 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	49,5	4 5
	M 1040, I	ECKED BOX B: TAXPAYER AMOUNT 33,821.	49,5	45.
	IF YOU CH	SPOUSE AMOUNT 15,724.		
2 MIII		IE 1 BY 50% (0.50)	24,7	73.
		INTS ON FORM 1040, LINE 1, 2A, 3B, 4B,	24,,	, 5 •
		LINE 22 AND SCHEDULE B, LINE 2. DO NOT		
		AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	4,538,3	46.
		OUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED	•	
		IGN HOUSING, INCOME FROM U.S. POSSESSIONS,		
		OM PUERTO RICO BY BONA FIDE RESIDENTS OF		
		THAT YOU CLAIMED		
		3, AND 4	4,563,1	19.
		THIS ON SCHEDULE 1, LINES 23 THROUGH LINE 32,		
		E-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED		
	E NEXT TO NTIFIED A	SCHEDULE 1, LINE 36 OTHER THAN ANY AMOUNTS		22.
		IE 6 FROM LINE 5	4,563,0	
8. ENT		000 IF YOU CHECKED BOX A OR D, OR	1,505,0	<i>.</i> .
0. 1111		2,000 IF YOU CHECKED BOX B, OR		
	\$-0		32,0	00.
9. IS	THE AMOUN	TON LINE 8 LESS THAN THE AMOUNT ON LINE 7?		
		P. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE		
		TER -0- ON FORM 1040, LINE 5B. IF YOU ARE		
		NG SEPARATELY AND YOU LIVED APART FROM YOUR		
SPO	USE FOR A	LL OF 2018, BE SURE YOU ENTERED 'D' TO THE WORD "BENEFITS" ON LINE 5A.		
		TRACT LINE 8 FROM LINE 7	4,531,0	97
		IF YOU CHECKED BOX A OR D,	4,551,0	<i>31</i> •
10. 1111	\$12.00	00 IF YOU CHECKED BOX B		
	\$-0-	IF YOU CHECKED BOX C	12,0	00.
11. SUB	TRACT LIN	TE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	4,519,0	
		ALLER OF LINE 9 OR LINE 10	12,0	
		ALF OF LINE 12	6,0	
		ALLER OF LINE 2 OR LINE 13	6,0	
		WE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	3,841,2 3,847,2	
	LINES 14	IE 1 BY 85% (.85)	3,847,2	
1, • MOD	TIENT DIL	-		
18. TAX	ABLE BENE	FITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	42,1	13.
		THIS AMOUNT ON FORM 1040, LINE 5B		

FORM 1040 FEDERAL INCOME TAX WITHHELD	STATEMENT 5
T S DESCRIPTION	AMOUNT
S NORTHERN VIRGINIA COMMUNITY CO OFFICE OF THE CONTROLLER T TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA T CELTICCAPRI CORP S PNCBANK, NATIONAL ASSOCIATION S OFFICE OF PENSIONS T OFFICE OF PERSONNEL MANAGEMENT T WITHHOLDING FROM FORM 1099-SSA FORM 8959, LINE 24	12,713. 88,073. 57,362. 51. 2,300. 21,399. 7,170. 2,748.
TOTAL TO FORM 1040, LINE 16	191,816.

SCHEDULE 1	STATE AND I	LOCAL INCOME TAX	REFUNDS	STATEMENT	6
		2017	2016	2015	
GROSS STATE/LOCAL LESS: TAX PAID IN		DELAWARE 66,269.			
NET TAX REFUNDS	DELAWARE	66,269.			
GROSS STATE/LOCAL LESS: TAX PAID IN		DISTRICT OF CO 30,067.			
NET TAX REFUNDS	DISTRICT OF CO	30,067.			
GROSS STATE/LOCAL LESS: TAX PAID IN		VIRGINIA 3,047.			
NET TAX REFUNDS	VIRGINIA	3,047.			
TOTAL NET TAX REF	unds	99,383.			

SCHEDULE 1	TAXABLE STATE AND	T.OCAT. TNCOME	ΨΑΥ ΡΕΓΙΜΠΟ	STATEMENT 7
	TAXABLE STATE AND	2017	2016	2015
NET TAX REFUNDS FR LOCAL INCOME TAX		99,383.		-
LESS:REFUNDS-NO BE -SALES TAX E	NEFIT DUE TO AMT ENEFIT REDUCTION			
1 NET REFUNDS FO	R RECALCULATION	99,383.		
2 TOTAL ITEMIZED BEFORE PHASEC 3 DEDUCTION NOT	N Company of the Comp	1,776,499.		
4 NET REFUNDS FR		99,383.		
7 PRIOR YEAR AGI	PPL SEC. 68 PCT	1,677,116. 1,341,693. 11,018,346. 313,800.		
10 THROUGH 15, AMOUNT FROM LI	SS, SKIP LINES AND ENTER NE 1 ON LINE 16)	10,704,546.		
11 ALLOWABLE ITEM (LINE 5 LESS T LINE 6 OR LIN		321,136. 1,355,980.		
13A TOTAL ADJ. ITE 13B PRIOR YR. STD. 14 PRIOR YR. ALLO		1,355,980. 15,200. 1,455,363.		
13A OR LINE 1 16 TAXABLE REFUND (LESSER OF LIN 17 ALLOWABLE PRICE	E 15 OR LINE 1)	99,383. 99,383. 1,455,363. 15,200.		
20 LESSER OF LINE	18 FROM LINE 17 16 OR LINE 19 CABLE INCOME	1,440,163. 99,383. 9,562,983.		
* IF LINE 21 I	UDE ON SCHEDULE 1, S -0- OR MORE, USE S A NEGATIVE AMOUN	AMOUNT FROM		99,383.
STATE AND LOCA	L INCOME TAX REFUN	DS PRIOR TO 2	015	
TOTAL TO SCHEI	ULE 1, LINE 10			99,383.

SCHEDULE 4	OTHER TAXES	STATEMENT 8
DESCRIPTION		AMOUNT
FROM FORM 8959 FROM FORM 8960		6,852. 637.
TOTAL TO SCHEDUL	E 4, LINE 62	7,489.
SCHEDULE 5	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 9
DESCRIPTION		AMOUNT
1ST QTR ESTIMATE 2ND QTR ESTIMATE 3RD QTR ESTIMATE 4TH QTR ESTIMATE	PAYMENT - JOINT PAYMENT - JOINT	485,000. 300,000. 275,000. 275,000.
TOTAL TO SCHEDUL	E 5, LINE 66	1,335,000.

			_			_		
SCHEDULE 5	EXCESS	SOCIAL	SECURITY	TAX	WORKSHEE	T STA	TEMENT	10
						TAXPAYER	SPOUS	Έ
1. ADD ALL SOCIAL THAN \$7,960.80 BE SHOWN IN BOX TOTAL HERE 2. ENTER ANY UNCOL	FOR EACH E 4 OF YOUR LECTED SOC	MPLOYER W-2 FO	R (THIS T. DRMS). EN	AX SI PER T X ON	HOULD THE TIPS OR	15,922.	14,4	38.
GROUP-TERM LIFE SCHEDULE 4, LIN		INCLUI	DED IN TH	E TO:	ral On			
3. ADD LINES 1 AND	2					15,922.	14,4	38.
4. SOCIAL SECURITY	TAX LIMIT	1				7,961.	7,9	61.
5. SUBTRACT LINE 4 TAX INCLUDED IN				AL SI	ECURITY -	7,961.	6,4	177
SCHEDULE A	STAT	E AND 1	LOCAL INC	OME !	raxes	STA	TEMENT	1.1
DESCRIPTION							AMOUNT	
OFFICE OF PENSIONS FROM K-1 - CELTICCA NORTHERN VIRGINIA C TRUSTEES OF THE UNI CELTICCAPRI CORP NJ STATE TAX PAYMEN NY STATE TAX PAYMEN CALIFORNIA PRIOR YE DELAWARE 2ND QTR ES DELAWARE 3RD QTR ES DELAWARE PRIOR YEAR CALIFORNIA FORM 592 CALIFORNIA FORM 592	COMMUNITY OF VERSITY OF STEEL OVERPAYMES OF STEEL OF STEE	PENNS: DUE AI MENTS MENTS ONT APPI	YLVANIA ND EXTENS - TAXPAYE - TAXPAYE	ION 1 R R	PAYMENTS		5,1 4,8 26,4 18,2 6,5 45,3 40,0 66,2	245 737 587 323 000 000 269
TOTAL TO SCHEDULE A							344,9	
	-						•	

SCHEDULE A	CAS	H CONTRIBUTIONS		STATEMENT	12
DESCRIPTION		AMOUNT 100% LIMIT	AMOUNT	AMOUNT 30% LIMIT	
DELAWARE ART MUSE	UM		1,000.		
COMMUNITY LEGAL A	ID SOCIETY		40,000.		
CRANSTON HEIGHTS NO. 1	FIRE COMPANY		10,000.		
INTERNATIONAL ASS			25,000.		
FIREFIGHTERS FOUNDELAWARE CENTER F			100,000.		
NORTHERN VIRGINIA	COMMUNITY		,		
COLLEGE EDUCATION	AL FOUNDATION		11,200.		
ST. JOSEPH ON THE			25,000.		
THE JOSEPH BIDEN UNITED SERVICE OR			5,000.		
INC.	GANIZATIONS		1,596.		
WESTMINSTER PRESB	YTERIAN CHURCH		1,500.		
MISCELLANEOUS CIVIC NATION - CO	TIECE DOOMICE		0. 5,000.		
DELAWARE ASSOCIAT			250.		
DELAWARE FUTURES,	INC.		250.		
BEAU BIDEN FOUNDA PROTECTION OF CHI			50,000.		
SUBTOTALS			275,796.		
,					
TOTAL TO SCHEDULE	A, LINE 11			275,7 ————	96.
SCHEDULE A	MEDICAL	AND DENTAL EXPEN	NSES	STATEMENT	13
DESCRIPTION				AMOUNT	
MEDICARE PREMIUMS	WITHHELD			7	23.
MEDICARE PREMIUMS	WITHHELD			5,2	77.
MEDICARE PREMIUMS	WITHHELD			5,1	43.
TOTAL TO SCHEDULE	A, LINE 1			11,1	43.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

SCHEDULE C-EZ	GROSS RECEIPTS	STATEMENT	14
DESCRIPTION		AMOUNT	
GROSS RECEIPTS		1,5	96.
TOTAL TO SCHEDULE	C-EZ, LINE 1	1,5	96.
SCHEDULE SE	NON-FARM INCOME	STATEMENT	<u> </u>
DESCRIPTION		AMOUNT	
AUTHOR		1,5	96.
TOTAL TO SCHEDULE	SE, LINE 2	1,5	96.
FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT	16
CELTICCAPRI, CORP		-2,730,6 -506,0	
AMOUNT TO FORM 89	60, LINE 4B	-3,236,7	64.
FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT	17
	7 WORKSHEET, LINE 13 FOR DE 63. PRIOR YEAR FORM 8960, LINE 9B 63.		63.
AMOUNT TO FORM 89	60, LINE 7		63.
FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT	18
DELAWARE			
DESCRIPTION		AMOUNT	
TRUSTEES OF THE U CELTICCAPRI CORP 2ND QUARTER ESTIM 3RD QUARTER ESTIM PRIOR YEAR OVERPA	ATED PAYMENT	26,4 18,2 60,0 40,0 66,2	45. 000.
TOTAL TO STATE FO	RM 8960, LINE 10	210,9	51.
15130703 745960 5	STATEMENT(S) 14, 4742 2018.03050 BIDEN JR., JOSEPH	15, 16, 17, 54742_	

FORM 8960		STATI	INCOME	TAX	PAYMENTS	STATEMENT	19
DELAWARE							
DESCRIPTION						AMOUNT	
OFFICE OF PENSION	3					6	35.
TOTAL TO STATE FO	RM 8960,	LINE 3	LO			6	35.

ੂ 1040X

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

(Rev. January 2019) GO to WWW.Irs.gov/Form1040	X for inst	ructions and the lat	est i	ntormation.				
This return is for calendar year X 2018 2017	20							
Other year. Enter one: calendar year or fiscal year (mon								
Your first name and initial	Last nam			Your social security number				
	IR. BIDEN JR.							
If a joint return, spouse's first name and initial	Last name					Spouse's social security number		
	BIDEN							
Current home address (number and street). If you have a P.O. box, s	ee instruc	tions.		Apt. no.	Your ph	one number		
City, town or post office, state, and ZIP code. If you have a foreign ac	ddress, als	so complete spaces	belo	w. See instruction	ons.			
WILMINGTON, DE								
Foreign country name	Foreign	province/state/cou	nty		Foreign (oostal code		
,		•						
Amended return filing status. You must check one box even if you status. Caution: In general, you can't change your filing status from returns after the due date.			20	18 amended re		coverage (or, for y, exempt). See inst.		
Single X Married filing jointly Married filing set		Qualifying w		(er)				
Head of household (If the qualifying person is a child but not ye	our depen	A. Original amou	_	B. Net chan	ne - I	C. Correct		
Use Part III on page 2 to explain any changes		reported or as previously adjuste	ed	amount of inc or (decreas	rease e) -	amount		
Income and Deductions	İ	(see instructions)	explain in Pa	art III			
1 Adjusted gross income. If a net operating loss (NOL) carryback		4 500 43	_			4 500 437		
is included, check here	- - <u>1</u>	4,580,43		n e	000	4,580,437.		
2 Itemized deductions or standard deduction		339,35			000.	4,266,086.		
3 Subtract line 2 from line 1		4,241,08	0.	45,	000.	4,200,000.		
4a Exemptions (amended returns for years before 2018 only). If changing								
complete Part I on page 2 and enter the amount from line 29	4a							
b Qualified business income deduction (2018 amended returns on								
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is		4 241 00	اء	25	000.	4,266,086.		
zero or less, enter-0-	5	4,241,08	0 +	43,	000.	4,200,000.		
Tax Liability								
6 Tax. Enter method(s) used to figure tax:		1,508,58	1	9	250.	1,517,831.		
TCW	_ 6	1,300,30		<u> </u>	250.	2,021,0021		
7 Credits. If a general business credit carryback is included,	₇							
s Subtract line 7 from line 6. If the result is zero or less, enter 0-		1,508,58	1.	9.	250.	1,517,831.		
Health care: individual responsibility (see instructions)		2,000,00						
10 Other taxes		10,37	7.			10,377.		
11 Total tax. Add lines 8, 9, and 10		1,518,95		9,	250.	1,528,208.		
Payments	···							
12 Federal income tax withheld and excess social security and tier	1							
RRTA tax withheld. (If changing, see instructions.)	12	206,25	4.			206,254.		
13 Estimated tax payments, including amount applied from prior year's return	rn 13	1,335,00	0.			1,335,000.		
14 Earned income credit (EIC)								
15 Refundable credits from: Schedule 8812 Form(s) 2439								
4136 8863 8885 8962	or							
other (specify):	15							
16 Total amount paid with request for extension of time to file, tax p	oaid with o	original return, and						
additional tax paid after return was filed					. 16	4 544 054		
17 Total payments. Add lines 12 through 15, column C, and line 16					. 17	1,541,254.		
Refund or Amount You Owe						00.000		
18 Overpayment, if any, as shown on original return or as previous					1	22,296.		
19 Subtract line 18 from line 17. (If less than zero, see instructions.)						1,518,958.		
20 Amount you owe. If line 11, column C, is more than line 19, ent						9,250.		
21 If line 11, column C, is less than line 19, enter the difference. This					, ,			
22 Amount of line 21 you want refunded to you		1 1			. 22			
23 Amount of line 21 you want applied to your (enter year):	esti	mated tax 23		Commission		ın thie form on nage 2		

Form 1040X (Rev. 1-2019) JOSEPH R. BIDEN JR. & Part II Examptions and Dependents	JII	L T. BIDEN	•	-		Page 2
Complete this part only if any information relating to exemptions (to depon the return you are amending. This would include a change in the num						
For 2018 amended returns only, leave lines 24, 28, and 29 blank. In all other applicable lines.		A. Original number of exemptions or	B. Net change	T		Correct number or amount
Note: See the Form 1040 or, for amended returns for years before 2018, the Form 1040A instructions. See also the Form 1040A instructions.		amount reported or as previously adjusted				
24 Yourself and spouse. Caution: If someone can claim you as a		1	1	- 1		
dependent, you can't claim an exemption for yourself. If amending				- 1		
your 2018 return, leave line blank	24			-		
25 Your dependent children who lived with you	25					
26 Your dependent children who didn't live with you due to divorce				- 1		
or separation	26					
27 Other dependents	27			_		
28 Total number of exemptions. Add lines 24 through 27. If amending				- 1		
your 2018 return, leave fine blank	28					
29 Multiply the number of examptions claimed on line 28 by the examption smount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If smenuing your 2018 return, leave line blank	29					
30 List ALL dependents (children and others) claimed on this amended	retur	n. If more than 4 depen	dents, see inst. and v			<u> </u>
Dependents (see instructions):				(d) 1	I que	elifies for (see instr.):
(e) First name Last name		(b) Social	(c) Relationship	Chik		Credit for other departments (2018)
•		security number	to you	Cre	dit	emended returns only
					J	
					J	
•				П		
			,	T		
Part II Presidential Election Campaign Fund						
Checking below won't increase your tax or reduce your refund. Check here if you didn't previously want \$3 to go to the fund, bu Check here if this is a joint return and your spouse did not previo Part III Explanation of Changes. In the space provided below, tell	ualy v	vant \$3 to go to the fun	d, but now does.			
Attach any supporting documents and new or changed DURING 2018, THE TAXPAYER MADE A \$25 WOUNDED, WHICH IS A CHARITABLE ENTIFIED THE RETURN, THIS CONTRIBUTED MADE TO A SECTION 501(C)(3) OR PAPERWORK IDENTIFIED THIS ERROR AFTER THE RETURN IS BEING AMENDED TO REMOVE	, 0 (YY (YION SANI SR 1	00 CONTRIBUT ORGANIZED IN N WAS MISTAK (ZATION. A THE RETURN W	THE UNITED ENLY IDENTI REVIEW OF T AS FILED.	KI FII HE	ING ED UN	DOM. IN AS HAVING
Remember to keep a copy of this form for your records. Under penalties of perjury, I declare that I have filled an original return and that I have and to the bast of my knowledge and belief, this amended return is true, correct, a about which the peptarer this any knowledge. Sign Here	ind ear	mplete. Declaration of prep				
11/100	E	EXECUTIVE				
Your signature Date	Y	our occupation				•
1 Jule 7/ Juden 7-7.19	-	EACHER .				
Spouse's signature. If a juint return, both must sign. Date	S	spouse's occupation				
Paid Proper uso Ogly Wall CPA 7/	11/	GELMAN,	ROSENBERG	& F	RE	EDMAN
Preparer's signature Date		Firm's name (c	r yours if self-employe	ed)		
•			•			
MAT MODEL IN COUNTY AND		We desired the same of the sam		-		
WALTER H DEYHLE, CPA			A, MD 20814	-29	30	
Print/type preparer's name		Firm's address	and ZIP code			

Check if self-employed

BN

Phone number

5 1040 Department of the Treasury - Internal Revenue Servi	(33) 20-4	8 . OMB No. 1546-007		
U.S. Individual Income Tax H	Juli	<u> </u>	IRS Use Only - C	to not write or staple in this space.
Your first name and initial JOSEPH R.	parately Head of househo Last name BIDEN JR -	old Qualifying wildow(er)	Y	our social security number
Your standard deduction: Someone can claim you as a d		orn before January 2, 1954	You are bii	nd .
If joint return, spouse's first name and initial	Last name BIDEN		8	pouse's social sécurily number
Spouse standard deduction: Someone can claim your spouse Spouse itemizes on a separate	eturn or you were dual-status	se was born before January allen		Full-year health care coverage or exampt (see leat.)
Home address (number and street). If you have a P.O. box, see	instructions.			residential Election Campaign. se inst.) X You X Spouse
City, town or post office, state, and ZIP code. If you have a fore WILMINGTON, DE	ign address, attach Schedule	6.		more than four dependents, se inst. and √ here▶ ☐
Dependents (see instructions); [1) First name Last name	(2) Social security number	(3) Relationship to you	(4)√ s Child tax credit	f qualifies for [see inet.]: t Gredit for other dependents
				i i
Sign Under penalties of solver, I declare that I have examined correct, and configuration of preparer (other the Your signature)	PM 16 1	Your eccupation	the bast of my knowle nowledge,	dgs and boilet, they are true, if the IRS sent you an identity Protection PIN,
Joint return? See instructions. Keep a copy for Spogles's signatum. If a joint return that meet a		XECUTIVE	-	enter it here If the IRS sent you an identity
your records.	20.6	EACHER		Protection PRA
Paid Preparer WAYTER H DEYHLE, Use Only CPA	allettelle	PIN	Firm's EIN	Check II;
Form's name GELMAN, ROSENBERG &	FREEDMAN	Phone no		Sati-employed
Firm's anchors BETHESDA, MD 20814-2		saarate ketrimtings	·	Form 1049 (2018)

Form 1040 (2018)	JOS	SRBH K. BIDRN OK	. & JILL T. BIDE	iN .		Page 2
	1	Wages, salaries, tips, etc. Attach F	Form(s) W-2	STMT 1	1	1,000,073.
	2a	Tax-exempt interest	2a	b Taxable interest	2b	17,559.
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a	b Ordinary dividends	3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities	4a 190,219.	b Taxable amount	4b	182,971.
withheld.	5a	Social security benefits	5a 49,545.	b Taxable amount	5b	42,113.
	6	Total income. Add lines 1 through	5. Add any amount from Schedule 1	, line 22 3,337,743	. 6	4,580,459.
	7	Adjusted gross income. If you have	re no adjustments to income, enter th	ne amount from line 6; otherwise,		
Standard Deduction for -		subtract Schedule 1, line 36, from			7	4,580,437.
 Single or married filing separately, 	8	Standard deduction or itemized	deductions (from Schedule A)		8	314,351.
\$12,000	9	Qualified business income deduct	ion (see instructions)		9	
 Married filing jointly or 	10	Taxable income. Subtract lines 8 a	and 9 from line 7. If zero or less, ente	<u>r-0-</u>	10	4,266,086.
Qualifying	11	a Tax (see 1,517,	831. (check if 1 Form(s) 8814 2	4972 3		
widow(er), \$24,000		b Add any amount from Schedule	2 and check here	>	11	1,517,831.
 Head of household. 	12		idents b Add any ar		12	
\$18,000	13	Subtract line 12 from line 11. If ze	ro or less, enter -0-		13	1,517,831.
 If you checked any box under 	14	Other taxes. Attach Schedule 4		***************************************	14	10,377.
Standard	15	Total tax. Add lines 13 and 14			15	1,528,208.
deduction, see instructions.	16	Federal income tax withheld from	Forms W-2 and 1099 SE	E STATEMENT 5	16	191,816.
	17	Refundable credits: & EIC (see inst.)	1,349,438.	© Form 8863	.	
		Add any amount from Schedule 5	1,349,438.		17	1,349,438.
	18	Add lines 16 and 17. These are yo	our total payments		18	1,541,254.
	19	· ·	stract line 15 from line 18. This is the		19	13,046.
Refund	20 a	Amount of line 19 you want refun	ded to you. If Form 8888 is attached	, check here	20a	
Direct deposit?	► b	Routing number	▶ c Ty	ype: Checking Savings		
See instructions.	► d	Account number				
	21	Amount of line 19 you want appli	ed to your 2019 estimated tax 🕒	→ 21 13,046		
Amount You	22	Amount you owe. Subtract line 18	B from line 15. For details on how to	pay, see instructions	22	
Owe	23	Estimated tax penalty (see instruc	tions)	23		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018

JOSEPH R.	Your	social security number				
Additional		Reserved	5	STATEMENT 6	1-9b	
Income	10	Taxable refunds, credits, or offsets of state and local income tax	xes	STATEMENT 7	10	99,383.
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12	1,596.		
	13	Capital gain or (loss). Attach Schedule D if required. If not require	13			
	14	Other gains or (losses). Attach Form 4797	14			
	15a	Reserved	15b			
	16a	Reserved	16b			
	17	Rental real estate, royalties, partnerships, S corporations, trusts	17	3,236,764.		
	18	Farm income or (loss). Attach Schedule F	18			
	19	Unemployment compensation	19			
	20a	Reserved	20b			
	21	Other income. List type and amount	21			
	22	Combine the amounts in the far right column. If you don't have				
		income, enter here and include on Form 1040, line 6. Otherwise	e, go to	o line 23	22	3,337,743.
Adjustments	23	Educator expenses	23			
to Income	24	Certain business expenses of reservists, performing artists,				
		and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses for members of the Armed Forces.				
		Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27	22.	₫	
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29	Self-employed health insurance deduction	29			
	30	Penalty on early withdrawal of savings	30			
	31a	Alimony paid b Recipient's SSN	31a			
	32	IRA deduction	32			
	33	Student loan interest deduction	33		- 2000	
	34	Reserved				
	35	Reserved	35			
	36	Add lines 23 through 35			36	22.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

SCHEDULE 4 (Form 1040)

(Form 1U4U)

Department of the Treasury Internal Revenue Service

Go to www.irs.gu

Other Taxes

Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment

Name(s) shown on	Form 10	140	You	r social security number
JOSEPH R	. BI	DEN JR. & JILL T. BIDEN		
Other	57	Self-employment tax. Attach Schedule SE	57	43.
Taxes	58	Unreported social security and Medicare tax from: Form a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored		
		accounts. Attach Form 5329 if required	59	
	60 a	Household employment taxes. Attach Schedule H	60a	2,845.
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if		
		required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) SEE STATEMENT 8	62	7,489.
	63	Section 965 net tax liability installment from Form		
		965-A 63		
	64	Add the amounts in the far right column. These are your total other taxes. Enter		
		here and on Form 1040, line 14	64	10,377.

SCHEDULE 5 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Payments and Refundable Credits

Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment 05

Name(s) shown on i	orm 1040	0	You	ir social security number
JOSEPH R.	BID	EN JR. & JILL T. BIDEN		
Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return STMT 9	66	1,335,000.
and	67 a	Reserved	67a	
	b	Reserved	67b	
Refundable	68-69	Reserved	68-69	
Credits	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld STMT 10	72	14,438.
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a 2439 b Reserved c 8885 d	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17	75	1,349,438.
				40401 0046

SCHEDULE A (Form 1040)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

2018
Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Your social security number Name(s) shown on Form 1040 JOSEPH R. BIDEN JR. & JILL T. BIDEN Medical Caution: Do not include expenses reimbursed or paid by others 1 Medical and dental expenses (see instructions) SEE STATEMENT 13 11.143. and 2 Enter amount from Form 1040, line 7 24,580,437. **Dental Expenses** 343,533. 3 Multiply line 2 by 7.5% (0.075) 0. 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.... Taxes You 5 State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 11 ▶ □ 344,944. 17,022. b State and local real estate taxes (see instructions) 5b c State and local personal property taxes 5c 361,966. 5d d Add lines 5a through 5c e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 10,000. 5e separately) Other taxes. List type and amount 6 10,000. 7 Add lines 5e and 6 Interest You 8 Home mortgage interest and points. If you didn't use all of your **Paid** home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box Caution: Your mortgage interest a Home mortgage interest and points reported to you on Form deduction may be 28,555. limited (see instructions). b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and 86 c Points not reported to you on Form 1098. See instructions for 8c special rules d Reserved 8d 28,555. 8e e Add lines 8a through 8c Investment interest. Attach Form 4952 if required. See 9 instructions 28,555. 10 Gifts to Gifts by cash or check. If you made any gift of \$250 or more, 275,796. STMT 12 Charity 11 12 Other than by cash or check. If any gift of \$250 or more, see If you made a instructions. You must attach Form 8283 if over \$500 12 gift and got a Carryover from prior year see instructions. 14 275,796. Add lines 11 through 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 instructions

LHA 819501 11-29-18 For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

deduction, check here

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on

If you elect to itemize deductions even though they are less than your standard

Form 1040, line 8

16 Other - from list in instructions. List type and amount

16

Other

Total

Itemized Deductions

Itemized

Deductions 18

314,351.

SCHEDULE B

(Form 1040)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

2018 Attachment - 08

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040.

Name(s) shown on retur	n		Т	Your s	ocial security	number	
		TOWN TO A TILL M. ATOMI	i				
		BIDEN JR. & JILL T. BIDEN	┺		Ar	nount	
Part I	1	List name of payer, If any interest is from a seller-financed mortgage and the buyer used the			AI	IUUIIL	
Interest		property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address					
		MANUFACTURERS AND TRADERS TRUST ASSOCIATION	-			5,1	41.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO	-				31.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO	-				51.
		MASSACHUSETTS MUTUAL LIFE INSURANCE CO	-				19.
		NEW CASTLE COUNTY SCHOOL EMPLOYEES	-				4.
		PNCBANK, NATIONAL ASSOCIATION	-	1		2	12.
		US SENATE FEDERAL CREDIT UNION	-				24.
		DISTRICT OF COLUMBIA	-			1	49.
Note: If you received a Form		FROM K-1 - CELTICCAPRI CORP	-		1	1,9	28.
1099-INT,			-				
Form 1099-OID, or substitute			-				
statement from			-				
a brokerage firm, list the firm's			-				
name as the			-				
payer and enter the total interest			-				
shown on that	2	Add the amounts on line 1	-	2	1	.7,5	59.
form.	3						
	_	Attach Form 8815		3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b	•	4	1	.7,5	59.
	-	te: If line 4 is over \$1,500, you must complete Part III.			A	mount	
Part II		List name of payer					
Ordinary							
Dividends			_				
Dividends							
			_				
			_				
			_				
Note: If you			_	5			
received a Form							
1099-DIV or substitute			_				
statement from			_				
a brokerage firm, list the firm's			_				
name as the							
payer and enter the ordinary							
dividends shown							
on that form.			_				
	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 3b	•	6			
	No	te: If line 6 is over \$1,500, you must complete Part III.		***************************************	***************************************		
Part III	Yo	u must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) ha	id e	ì		Yes	No
	for	eign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign tr	ıst.			103	140
Foreign	78	At any time during 2018, did you have a financial interest in or signature authority over a financia	lac	coun	t (such		diring.
Accounts		as a bank account, securities account, or brokerage account) located in a foreign country? See it	nst	ructio	ns		X
and		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Account	ts (FBAR),		
Trusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions	for	filing			
		requirements and exceptions to those requirements			***********		
	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the final	ncia	al acc	ount		
		is located >					
	8	During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a for	eig	n trus	it?	1587 (1) 1587 (1)	
827501 10-24-18		If "Yes," you may have to file Form 3520. See instructions					X

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040) 2018

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., generally must file Form 1065.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions.

OMB No. 1545-0074

Name of proprietor	Social security number (SSN)
JILL T. BIDEN	
Part I General Information	
You may use Schedule C-EZ instead of Schedule C only if you: • Use the cash method of accounting, • Did not have an inventory at any time during the year, • Did not have a net loss from your business, • Had only one business as either a sole proprietor, qualified joint venture, or	not deduct expenses for business use your home, not have prior year unallowed passive ivity losses from this business, and a not required to file Form 4562, preciation and Amortization, for this siness. See the instructions for Schedule line 13, to find out if you must file.
A Principal business or profession, including product or service AUTHOR	B Enter business code (see inst) ► 711510
C Business name. If no separate business name, leave blank.	D Enter your EIN (see inst)
F Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.	
City, town or post office, state, and ZIP code WILMINGTON , DE F Did you make any payments in 2018 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) G If "Yes," did you or will you file required Forms 1099? Part II Figure Your Net Profit	Yes X No
1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check here I'm 14	1 1,596.
Total expenses (see instructions). If more than \$5,000, you must use Schedule C	2 0.
Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Schedule 1 (Form 104 line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2. (Statutory employees do no report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	1
Part III Information on Your Vehicle. Complete this part only if you are claiming ca	r or truck expenses on line 2.
4 When did you place your vehicle in service for business purposes? (month, day, year)	
6 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:	
a Business b Commuting c Other	
6 Was your vehicle available for personal use during off-duty hours?	Yes No
7 Do you (or your spouse) have another vehicle available for personal use?	Yes No
8a Do you have evidence to support your deduction?	Yes No
b If "Yes," is the evidence written? LHA For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040).	Yes No Schedule C-EZ (Form 1040) 2018

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ➤ Attach to Form 1040, 1040NR, or Form 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

Your social security number Name(s) shown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) B If "Yes," did you or will you file required Forms 1099? Yes No 1a Physical address of each property (street, city, state, ZIP code) WILMINGTON. DE A В C 2 For each rental real estate property listed above, report the number of fair rental and Fair Rental Personal QJV 1b Type of Property Days Use Davs (from list below) personal use days. Check the QJV box 365 only if you meet the requirements to file as 1 A Δ a qualified joint venture. See instructions. В В C C Type of Property: 7 Self-Rental 5 Land 1 Single Family Residence 3 Vacation/Short-Term Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties C Properties: B Income: Α 3 Rents received Royalties received 4 Expenses: 5 Advertising Auto and travel (see instructions) 6 Cleaning and maintenance 7 7 8 Commissions 9 10 Legal and other professional fees 10 11 11 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 13 Other interest 14 15 15 Supplies 16 16 Utilities _____ 17 17 Depreciation expense or depletion 18 18 19 10 Other (list) Total expenses. Add lines 5 through 19 20 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a 0. (loss), see instructions to find out if you must file Form 6198 21 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties 23b b Total of all amounts reported on line 4 for all royalty properties Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties e Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 0. 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

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Schedule E (Form 1040) 2018

LHA For Paperwork Reduction Act Notice, see the separate instructions.

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below

41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (form 1040), line 17, or Form 1040NR, line 18

42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)

43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions) enter the net income or (loss) you reported

professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules

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2018 Income from Passthroughs

CELTICCAPRI CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

CELTICCAPRI, CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

2,730,667.

TOTAL NONPASSIVE INCOME (LOSS)

2,730,667.

OTHER K-1 INFORMATION:

INTEREST INCOME	11,928.
OTHER ITEMIZED DEDUCTIONS	5,100.
INVESTMENT INCOME	11,928.
NONDEDUCTIBLE EXPENSES	2,274.
SE EARNINGS	300,000.

2018 Income from Passthroughs

GIACOPPA CORP I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

506,097.

TOTAL NONPASSIVE INCOME (LOSS)

506,097.

2018 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME OTHER ITEMIZED DEDUCTIONS NONDEDUCTIBLE EXPENSES SE EARNINGS	11,928. 5,100. 2,274. 300,000.
INVESTMENT INTEREST EXPENSE:	
INVESTMENT INCOME	11,928.

Sche	dule SE (Form 1040) 2018	Attachment Sequence N	o. 17	Page 2
Name	e of person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of		
		person with self-employme	ent	
		income	>	
	tion B - Long Schedule SE			
	t I Self-Employment Tax			
Note: churc	If your only income subject to self-employment tax is church employee income , see the employee income.	instructions. Also see instru	ictions	for the definition of
A	If you are a minister, member of a religious order, or Christian Science practitioner and more of other net earnings from self-employment, check here and continue with Part	d you filed Form 4361, but y	ou had	I \$400 or ▶□
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see in		1a	
b	If you received social security retirement or disability benefits, enter the amount of Co Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1		1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form	m 1065), box 14, code A		
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and	members of religious		
	orders, see instructions for types of income to report on this line. See instructions for			4 505
	Note: Skip this line if you use the nonfarm optional method (see instructions)	STATEMENT 15	2	1,596.
3	Combine lines 1a, 1b, and 2		3	1,596.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount		4a	1,474.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on			
	If you elect one or both of the optional methods, enter the total of lines 15 and 17 her	***************************************	4b	
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax.			1,474.
_	If less than \$400 and you had church employee income , enter-0- and continue		4c	1,4/4.
5 a	Enter your church employee income from Form W-2. See instructions			
	for definition of church employee income 5a			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-		5b 6	1,474.
6	Add lines 4c and 5b		•	2,2/40
7	Maximum amount of combined wages and self-employment earnings subject to social		7	128,400.00
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018		73. 744	120,400.00
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip	1		
		232,875.		
ь	lines 8b through 10, and go to line 11			
C	Wages subject to social security tax (from Form 8919, line 10) 8c			
	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line		9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		10	
11	Multiply line 6 by 2.9% (0.029)		11	43.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 10	40). line		
	57, or Form 1040NR, line 55		12	43.
13	Deduction for one-half of self-employment tax.			
	Multiply line 12 by 50% (0.50). Enter the result here and on			
	Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27 13	22.		
Par	rt II Optional Methods To Figure Net Earnings (see instructions)			
***************************************	Optional Method. You may use this method only if (a) your gross farm income ¹ was	n't more		
than	\$7,920, or (b) your net farm profits ² were less than \$5,717.			
14	Maximum income for optional methods		14	5,280.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5	,280. Also include		
	this amount on line 4b above		15	
	farm Optional Method. You may use this method only if (a) your net nonfarm profits 3	were less than \$5,717		
and a	also less than 72.189% of your gross nonfarm income,4 and (b) you had net earnings fr	rom self-employment of		
at lea	ast \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five	e times.		
16	Subtract line 15 from line 14		16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income 4 (not less than zero) o			
	line 16. Also include this amount on line 4b above		17	

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¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

DOES NOT APPLY

Form 6251

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

is more than \$718,800, see instructions.)

Alternative Minimum Tax - Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018

Attachment
Sequence No. 32

Your social security number

2t

3

JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Alternative Minimum Taxable Income Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a 4,266,086. 1 2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7, otherwise, enter the amount from 10,000. Form 1040, line 8 -99,383. 2b Tax refund from Schedule 1 (Form 1040), line 10 or line 21 Investment interest expense (difference between regular tax and AMT) 2c d Depletion (difference between regular tax and AMT) 2d e Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount 2e Alternative tax net operating loss deduction 2f Interest from specified private activity bonds exempt from the regular tax 2g 2h Qualified small business stock, see instructions Exercise of incentive stock options (excess of AMT income over regular tax income) 2 j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) Disposition of property (difference between AMT and regular tax gain or loss) 2k 21 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) Passive activities (difference between AMT and regular tax income or loss) 2m 2n Loss limitations (difference between AMT and regular tax income or loss) 20 Circulation costs (difference between regular tax and AMT) Long-term contracts (difference between AMT and regular tax income) 2p **2**q Mining costs (difference between regular tax and AMT) Research and experimental costs (difference between regular tax and AMT) **2**r

Income from certain installment sales before January 1, 1987

Intangible drilling costs preference

Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4

Other adjustments, including income-based related adjustments

Pa	rt II Alternative Minimum Ta	x (AMT)				
5	Exemption. (If you were under age 24 at	the end of 2018, see instructions.]				
	IF your filing status is	AND line 4 is not over	THEN enter on line 5			
	Single or head of household	\$500,000	\$70,300)		_
	Married filing jointly or qualifying widow(109,400		5	0.
	Married filing separately If line 4 is over the amount shown above			J		
6	Subtract line 5 from line 4. If more than				6	4,176,703.
_	and 11, and go to line 10 ● If you are filing Form 2555 or 2555-EZ	and instructions for the amount to			788	
,	 If you reported capital gain distribution qualified dividends on Form 1040, line (Form 1040) (as refigured for the AMT amount from line 40 here. All others: If line 6 is \$191,100 or less 	ns directly on Schedule 1 (Form 10 3a; or you had a gain on both line , if necessary), complete Part III on	40), line 13; you reported s 15 and 16 of Schedule D the back and enter the		7	1,165,655.
	26% (0.26). Otherwise, multiply line 6 separately) from the result.			J		
8	Alternative minimum tax foreign tax cred	dit (see instructions)	**.*********************************		8	1 165 655
9	Tentative minimum tax. Subtract line 8	from line 7			9	1,165,655.
10	Add Form 1040, line 11a (minus any tax			ct		
	from the result any foreign tax credit fro	m Schedule 3 (Form 1040), line 48	. If you used Schedule J to			
	figure your tax on Form 1040, line 11a, line (see instructions)	refigure that tax without using Sch	edule J before completing thi	8	10	1,517,831.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45

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Form 6251 (2018)

0.

4,176,703.

Part III Tax Computation	Using	Maximum	Capital	Gains Ra	ites

	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Workshee	et in th	e instructions.
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from		
	line 3 of the worksheet in the instructions for line 7	12	
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions	ı	
	for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13	
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	15	
16	Enter the smaller of line 12 or line 15	16	
	Subtract line 16 from line 12	17	
18	If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise,		
	multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	18	
19	Enter:		
	• \$77,200 if married filing jointly or qualifying widow(er),		
	• \$38,600 if single or married filing separately, or	19	
	• \$51,700 if head of household.		
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions		
	for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete		
	either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0 If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20	
	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter the smaller of line 12 or line 13	22	
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	
24	Subtract line 23 from line 22	24	
25	Enter:		
	\$425,800 if single \$239,500 if married filing separately		
	• \$479,000 if married filing jointly or qualifying widow(er)	25	
	• \$452,400 if head of household		
26	Enter the amount from line 21	26	
27	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 10; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	see instructions for the amount to enter	27	
	Add line 26 and line 27	28	
	Subtract line 28 from line 25. If zero or less, enter -0-	29	
	Enter the smaller of line 24 or line 29	30	
	Multiply line 30 by 15% (0.15)	31	
32	Add lines 23 and 30	32	
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	-	
	Subtract line 32 from line 22	33	
34	Multiply line 33 by 20% (0.20)	34	
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	05	
	Add lines 17, 32, and 33	35	
	Subtract line 35 from line 12	36	
	Multiply line 36 by 25% (0.25)	37	
	Add lines 18, 31, 34, and 37	38	
39	If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26).	39	
	Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	28	
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not	40	
	enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	1 -10	Farm 8951 (0010)

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form **6251** (2018

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971

▶ Go to www.irs.gov/ScheduleH for instructions and the latest information.

iva	nie of employer	Social security number
		Employer identification number
JC	DSEPH R. BIDEN JR. & JILL T. BIDEN	
Cal	lendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.	
A	Did you pay any one household employee cash wages of \$2,100 or more in 2018? (If any household employ under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this questions.)	
	Yes. Skip lines B and C and go to line 1. No. Go to line B.	
В	Did you withhold federal income tax during 2018 for any household employee?	
	Yes. Skip line C and go to line 7. No. Go to line C.	
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to all household en (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)	mployees?
	No. Stop. Don't file this schedule. Yes. Skip lines 1-9 and go to line 10.	
P	Social Security, Medicare, and Federal Income Taxes	
1	Total cash wages subject to social security tax	5.
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2 2,272.
3	Total cash wages subject to Medicare tax	25.
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4 531.
5	Total cash wages subject to Additional Medicare Tax withholding	
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6
7	Federal income tax withheld, if any	7
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8 2,803.
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to all household em (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)	ployees?
	No. Stop. Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not resee the line 9 instructions.	equired to file Form 1040,
	X Yes. Go to line 10.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2018

Schedule H (Form 1040) 2018

54742 3

Form **8959**

Department of the Treasury

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074

Attachment Sequence No. 71

nternal Revenue Service ➤ Go to www.irs.gov/Form8959 for instructions and the latest information. Name(s) shown on return Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts 1,009,843. from box 5 2 Unreported tips from Form 4137, line 6 2 3 3 Wages from Form 8919, line 6 1,009,843. 4 Add lines 1 through 3 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. Single, Head of household, or Qualifying widow(er) \$200,000 759,843. 8 Subtract line 5 from line 4. If zero or less, enter -0-6 6,839. 7 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II **Additional Medicare Tax on Self-Employment Income** 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter 1,474. 8 -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. 8 Single, Head of household, or Qualifying widow(er) \$200,000 1,009,843. 10 Enter the amount from line 4 11 11 Subtract line 10 from line 9. If zero or less, enter -0-1,474. 12 12 Subtract line 11 from line 8. If zero or less, enter -0-13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter 13. here and go to Part III Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from 14 Form(s) W-2, box 14 (see instructions) 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 16 16 Subtract line 15 from line 14. If zero or less, enter -0-17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 17 0.9% (0.009). Enter here and go to Part IV. **Total Additional Medicare Tax** Part IV 18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check 6,852. box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V 18 Part V Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than 17,391 one Form W-2, enter the total of the amounts from box 6 19 1,009,843. 20 Enter the amount from line 1 21 Multiply line 20 by 1.45% (0.0145). This is your regular 14,643. Medicare tax withholding on Medicare wages 22 Subtract line 21 from line 19, If zero or less, enter -0-. This is your Additional Medicare Tax 2,748. 22 withholding on Medicare wages 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR,

823111 11-30-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

2,748.

and 1040-SS filers, see instructions)

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2018

Department of the Treasury Internal Revenue Service (99)

➤ Attach to your tax return.

➤ Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment Sequence No. 72

	s) shown on your tax return EPH R. BIDEN JR. & JILL T. BIDEN		Yo	ur social secu	rity number or EIN
	Investment Income Section 6013(q) election (see instructions)				
+ 12 (4.8%)	Section 6013(h) election (see instructions)				
		one inet	muctione)		
	Regulations section 1.1411-10(g) election (s			1	17,559.
1	Taxable interest (see instructions)			••••	
2	Ordinary dividends (see instructions)			3	
3	Annuities (see instructions)	I I		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,	4a	3,236,76	4	
	etc. (see instructions)	44	3,230,10		
b	Adjustment for net income or loss derived in the ordinary course of		-3,236,76	4	
	a non-section 1411 trade or business (see instructions) STATEMENT 16	40		1.21.6.885	0.
C	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to				
	net investment income tax (see instructions)	5b			
C	Adjustment from disposition of partnership interest or S corporation	_			
	stock (see instructions)	5c		R(\$102.	
d	Combine lines 5a through 5c				
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	. cm	amparpam 17	6	63.
7	Other modifications to investment income (see instructions) SEE	51.	ATEMENT 1	7	17,622.
_8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	11,022.
Par	t II Investment Expenses Allocable to Investment Income and		mications	F.W 1921	
9a	Investment interest expenses (see instructions)		6/	-3	
b	State, local, and foreign income tax (see instructions)		80	53.	
C	Miscellaneous investment expenses (see instructions)				863.
d	Add lines 9a, 9b, and 9c				803.
10	Additional modifications (see instructions)				863.
11	Total deductions and modifications. Add lines 9d and 10	*******		11	803.
Par	t III Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, com	nplete			16 750
	lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter-0-	• • • • • • • • • • • • • • • • • • • •		12	16,759.
	Individuals:				
13	Modified adjusted gross income (see instructions)				
14	Threshold based on filing status (see instructions)	14		20-1	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	4,330,43	37.	
16	Enter the smaller of line 12 or line 15			16	16,759.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter h	ere an	d		
	include on your tax return (see instructions)			17	637.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and				
	deductions under section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from 18a (see				
	instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see				
_	instructions)	19b		796.38	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038).				
	and include on your tax return (see instructions)			21	
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2018)

823121 01-09-19

FORM 1040	WAGES RECEI	VED AND TAX	KES WITHHE	LD	STATE	MENT 1
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S NORTHERN VIRGINIA COMMUNITY CO OFFICE OF THE CONTROLLER T TRUSTEES OF THE	94,705.	12,713.	4,811.		6,477.	1,515.
UNIVERSITY OF PENNSYLVANIA T CELTICCAPRI CORP S GIACOPPA CORP	405,368. 300,000. 200,000.	88,073. 57,362.	26,437. 18,245.		7,961. 7,961. 7,961.	5,250.
TOTALS	1,000,073.	158,148.	49,493.		30,360.	17,391.
FORM 1040	IRA	A DISTRIBUTI	IONS		STATE	MENT 2
NAME OF PAYER				ROSS RIBUTION	TAXABL	E AMOUNT
WELLS FARGO CLEARING				950	•	950.
TOTAL INCLUDED IN FORM	1040, LINE	4B		950	•	950.

FORM 1040	PENSIONS AND ANNUITIES	5	STATEMENT	3
OFFICE OF PENSIONS				
AMOUNT RECEIVED THIS NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBU	YEAR UTION REPORTED ON SCH D	33,691. 169.		
			33,52	22.
OFFICE OF PERSONNEL MA	NAGEMENT			
AMOUNT RECEIVED THIS NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBU	YEAR UTION REPORTED ON SCH D	156,528. 8,029.		
	_		148,49	99.
TOTAL INCLUDED IN FOR	RM 1040, LINE 4B	_	182,02	21.

FORM	.040 SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT	4
CHECK	ONLY ONE BOX:		
	SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)		
	MARRIED FILING JOINTLY		
	MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2018		
	MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2018		
	THE THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR ORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON		
	DRMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON DRM 1040, LINE 5A	49,5	45.
L.	IF YOU CHECKED BOX B: TAXPAYER AMOUNT 33,821.	15,0	
	SPOUSE AMOUNT 15,724.		
	JLTIPLY LINE 1 BY 50% (0.50)	24,7	73.
	DD THE AMOUNTS ON FORM 1040, LINE 1, 2A, 3B, 4B,		
S	CHEDULE 1, LINE 22 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	1 520 3	16
1 E.	TITER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED	4,556,5	±0.
4. E.	NIER THE AMOUNT OF ANT EXCLOSIONS FROM TORDION EMANDED NOOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,		
Ō	R INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF		
P	JERTO RICO THAT YOU CLAIMED		
	DD LINES 2, 3, AND 4	4,563,1	19.
6. A	DD THE AMOUNTS ON SCHEDULE 1, LINES 23 THROUGH LINE 32,		
	ND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED INE NEXT TO SCHEDULE 1, LINE 36 OTHER THAN ANY AMOUNTS		
	DENTIFIED AS "DPAD"		22.
	JBTRACT LINE 6 FROM LINE 5	4,563,0	97.
	NTER: \$25,000 IF YOU CHECKED BOX A OR D, OR		
	\$32,000 IF YOU CHECKED BOX B, OR		
	\$-0- IF YOU CHECKED BOX C	32,0	00.
	THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE		
	AXABLE. ENTER -0- ON FORM 1040, LINE 5B. IF YOU ARE		
M	ARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR		
	POUSE FOR ALL OF 2018, BE SURE YOU ENTERED 'D' TO THE		
R	IGHT OF THE WORD "BENEFITS" ON LINE 5A.		
]	K] YES. SUBTRACT LINE 8 FROM LINE 7	4,531,0	97.
10. E	NTER \$9,000 IF YOU CHECKED BOX A OR D,		
	\$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C	12,0	00.
11. s	JBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	4,519,0	
	NTER THE SMALLER OF LINE 9 OR LINE 10	12,0	
13. E	NTER ONE HALF OF LINE 12	6,0	
	NTER THE SMALLER OF LINE 2 OR LINE 13	6,0	
	ULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	3,841,2 3,847,2	
	DD LINES 14 AND 15 ULTIPLY LINE 1 BY 85% (.85)	42,1	
	AXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	42,1	13.

FORM 1040 FE	L INCOME TAX WITHHELD STATEMENT	5
T S DESCRIPTION	AMOUNT	
S NORTHERN VIRGINIA COMMUNITY T TRUSTEES OF THE UNIVERSITY OF THE	ENNSYLVANIA 88,07 57,36	3. 2. 1. 0. 9.
TOTAL TO FORM 1040, LINE 16	191,81	6.

SCHEDULE 1 STATE AND I	LOCAL INCOME TAX	REFUNDS	STATEMENT	6
	2017	2016	2015	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	DELAWARE 66,269.			
NET TAX REFUNDS DELAWARE	66,269.		-	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	DISTRICT OF CO 30,067.			
NET TAX REFUNDS DISTRICT OF CO	30,067.			
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	VIRGINIA 3,047.			
NET TAX REFUNDS VIRGINIA	3,047.			
TOTAL NET TAX REFUNDS	99,383.			

SCHEDULE 1 TAXABLE STATE AN	D LOCAL INCOME	TAX REFUNDS	STATEMENT	7
	2017	2016	2015	
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	99,383.			
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1 NET REFUNDS FOR RECALCULATION	99,383.			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	1,776,499.			
DEDUCTION NOT SUBJ TO PHASEOUT NET REFUNDS FROM LINE 1	99,383.			
5 LINE 2 MINUS LINES 3 AND 4 6 MULT LN 5 BY APPL SEC. 68 PCT 7 PRIOR YEAR AGI 8 ITEM. DED. PHASEOUT THRESHOLD	1,677,116. 1,341,693. 11,018,346. 313,800.			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	10,704,546.			
10 MULT LN 9 BY APPL SEC. 68 PCT 11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) 12 ITEM DED. NOT SUBJ TO PHASEOUT	321,136. 1,355,980.			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS 13B PRIOR YR. STD. DED. AVAILABLE 14 PRIOR YR. ALLOWABLE ITEM. DED.	1,355,980. 15,200. 1,455,363.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) 17 ALLOWABLE PRIOR YR. ITEM. DED. 18 PRIOR YEAR STD. DED. AVAILABLE	99,383. 99,383. 1,455,363. 15,200.			
19 SUBTRACT LINE 18 FROM LINE 17 20 LESSER OF LINE 16 OR LINE 19 21 PRIOR YEAR TAXABLE INCOME	1,440,163. 99,383. 9,562,983.			
22 AMOUNT TO INCLUDE ON SCHEDULE * IF LINE 21 IS -0- OR MORE, U * IF LINE 21 IS A NEGATIVE AMO	SE AMOUNT FROM		99,3	83.
STATE AND LOCAL INCOME TAX REF	UNDS PRIOR TO 2	2015		
TOTAL TO SCHEDULE 1, LINE 10			99,3	83.

SCHEDULE 4	OTHER TAXES	STATEMENT	8
DESCRIPTION		AMOUNT	
FROM FORM 8959 FROM FORM 8960		6,85 63	
TOTAL TO SCHEDULE 4, LINE (52	7,48	9.
	JRRENT YEAR ESTIMATES AND F APPLIED FROM PREVIOUS YEAR	STATEMENT	9
DESCRIPTION		AMOUNT	
1ST QTR ESTIMATE PAYMENT - JOINT 2ND QTR ESTIMATE PAYMENT - JOINT 3RD QTR ESTIMATE PAYMENT - JOINT 4TH QTR ESTIMATE PAYMENT - JOINT		485,000 300,000 275,000 275,000	
TOTAL TO SCHEDULE 5, LINE	66	1,335,00	0.

SCHEDULE 5 EXCESS SOCIAL SECURITY TAX WORKSHEE	T STA	TEMENT 10
	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$7,960.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	15,922.	14,438.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON SCHEDULE 4, LINE 62		
3. ADD LINES 1 AND 2	15,922.	14,438.
4. SOCIAL SECURITY TAX LIMIT	7,961.	7,961.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN SCHEDULE 5, LINE 72.	7,961.	6,477.
SCHEDULE A STATE AND LOCAL INCOME TAXES	STA	TEMENT 11
DESCRIPTION		AMOUNT
OFFICE OF PENSIONS FROM K-1 - CELTICCAPRI CORP NORTHERN VIRGINIA COMMUNITY CO OFFICE OF THE CONTROLLER TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA CELTICCAPRI CORP NJ STATE TAX PAYMENTS NY STATE TAX PAYMENTS CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS DELAWARE 2ND QTR ESTIMATE PAYMENTS - TAXPAYER DELAWARE 3RD QTR ESTIMATE PAYMENTS - TAXPAYER DELAWARE PRIOR YEAR OVERPAYMENT APPLIED - TAXPAYER CALIFORNIA FORM 592-B WITHHOLDING		635. 5,100. 4,811. 26,437. 18,245. 6,737. 26,587. 45,323. 60,000. 40,000. 66,269. 2,800. 42,000.
CALIFORNIA FORM 592-B WITHHOLDING		42,000

SCHEDULE A CA	SH CONTRIBUTIONS		STATEMENT 12
DESCRIPTION	AMOUNT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
DELAWARE ART MUSEUM COMMUNITY LEGAL AID SOCIETY CRANSTON HEIGHTS FIRE COMPANY NO. 1 INTERNATIONAL ASSOCIATION OF FIREFIGHTERS FOUNDATION DELAWARE CENTER FOR JUSTICE NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC. ST. JOSEPH ON THE BRANDYWINE THE JOSEPH BIDEN FOUNDATION UNITED SERVICE ORGANIZATIONS		1,000. 40,000. 10,000. 25,000. 100,000. 11,200. 25,000. 5,000.	
INC. WESTMINSTER PRESBYTERIAN CHURCH MISCELLANEOUS CIVIC NATION - COLLEGE PROMISE DELAWARE ASSOCIATION OF POLICE DELAWARE FUTURES, INC. BEAU BIDEN FOUNDATION FOR THE PROTECTION OF CHILDREN		1,596. 1,500. 0. 5,000. 250. 250.	
SUBTOTALS		275,796.	
TOTAL TO SCHEDULE A, LINE 11			275,796.
SCHEDULE A MEDICAL	AND DENTAL EXPE	enses	STATEMENT 13
DESCRIPTION			AMOUNT
MEDICARE PREMIUMS WITHHELD MEDICARE PREMIUMS WITHHELD MEDICARE PREMIUMS WITHHELD			723. 5,277. 5,143.
TOTAL TO SCHEDULE A, LINE 1		,	11,143.

SCHEDULE C-EZ GROSS RECEIPTS		STATEMENT	14
DESCRIPTION		AMOUNT	
GROSS RECEIPTS	,	1,5	96.
TOTAL TO SCHEDULE C-EZ, LINE 1		1,5	96.
SCHEDULE SE NON-FARM INCOME		STATEMENT	15
DESCRIPTION		AMOUNT	
AUTHOR		1,5	96.
TOTAL TO SCHEDULE SE, LINE 2		1,5	96.
FORM 8960 TRADE OR BUSINESS INCOME		STATEMENT	16
CELTICCAPRI, CORP GIACOPPA CORP		-2,730,6 -506,0	
AMOUNT TO FORM 8960, LINE 4B		-3,236,7	64.
FORM 8960 OTHER MODIFICATIONS TO INVESTMENT I	NCOME	STATEMENT	17
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR DE TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	63. 63.		63.
AMOUNT TO FORM 8960, LINE 7			63.
FORM 8960 STATE INCOME TAX PAYMENTS		STATEMENT	18
DELAWARE			
DESCRIPTION		AMOUNT	
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA		26,4 18,2	
		60,0	000.
CELTICCAPRI CORP 2ND QUARTER ESTIMATED PAYMENT			
CELTICCAPRI CORP		40,0 66,2	

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 19
DELAWARE		
DESCRIPTION		AMOUNT
OFFICE OF PENSIONS		635.
TOTAL TO STATE FORM 8960,	LINE 10	635.